Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institutions Residence before edmission) a. COUNTY b. COUNTY Maryland Prince George! Prince George's MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) Cheverly D.O.A. Kent Village d. NAME OF HOSPITAL OR INSTITUTION (it not in hospitel, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? George's YES NO X Forest Prince General Hospital Terrace 3. NAME OF DATE Yeer DECEASED OF (Type or print) DEATH 1962 Rose 5. SEX 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED st birthday) Months 14,1960 September Female WIDOWED DIVORCED [1 within 24 hours after 18. Give Pages 1, 2, an lift form PM3. Page 5 mmit. File pages 1 and 2 mmit. File pages 1 and 2 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) District of Columbia U.S.A. None None 14. MOTHER'S MAIDEN NAME Barbara Ann Van Pelt Willard Lee Alder Jr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address with for (Yes, no, or unkown) | (If yes give wer or detes of service) Willard Lee Alder Jr. No None smae as 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] should be execut ng" in pencil in It r's Office along v INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Respiratory failurs IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, Myasthenia gravis (b) gave rise to immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert f or Pert II of item 18.) PRIMARY | or CONTRIBUTING | writing the Chief A Page 3 sl CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 (Stete) lectory, street, office bldg., etc.) While Not While el work et work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection X Inquiry X and in my opinion death resulted from: Natural causes y Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 20/62 DEPUTY MEDICAL EXAMINER EXAMINER'S JAMES BOYD, M.D. NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 4/23/62 Burial Mt. Olivet Washington D. C. ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VR A15ME 5M 1/62 MPR 2 4 162 arthur & Kraus Francis Gasch's Sons Hvattsville. Md.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

04866

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1. PLACE OF DEATH a. COUNTY Pri	ince George		MARYL	AND	2. USUAL RESIDENCE a. STATE Pas	(Where decease	ed lived. If institution b. COUNTY	Westm	e before odm	ission)
	f autside carporate limi earest tawn)		c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN		orate limits, write R	URAL and gi	ive nearest to	wn)
	n Forestvil		6 mons.		Ligonie				DX'	2
OR INSTITUTION	AL (If not in hospital, g Senator A				Star Rt #		uth		ON	A FARM?
3. NAME OF DECEASED (Type or print)	LILI		Middle MAY		APPEL APPEL	4. DATE OF DEATH	Man April		Day 2	Year 1962
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIEL	D 8	. DATE OF BIRTH		9. AGE (In years		YEAR IF UN	
Female	White	WIDOWE	D DIVORCED		Sept. 18,	1883	last birthday) 78 yrs.	Manths	Days Haur	Min.
10a. USUAL OCCUPATION during most of work House 13. FATHER'S NAME	king life, even if retired		KIND OF BUSINESS OR	R INDUS	TRY 11. BIRTHPLACE (SI Pa.		country)	12.CITIZ	USA	COUNTRY?
	was Albud abd				THE RESTRICTION OF THE PERSON		1 0 01			
15. WAS DECEASED EVE	ry Albright		OCIAL SECURITY NO	17 IN	FORMANT	Mathii	da Groft			
(Yes, no. or unknown)	(If yes, give wor or dates of s	ervice)	OCIAL SECURITI NO.		The second second					
	ATH [Enter anly ane ca				. Alice Lar	nmert	3337-Sena	tor A	INTERVAL	
Candition, if a gave rise to i cause (a), stating lying cause last.	mmediate the under-)	rterie	osc	leroke.	ach	lisea	las se	15 yr	0
CATIC	HER SIGNIFICANT CON	DITIONS <u>C</u>	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TE	ERMINAL DISEA	SE CONDITION GIV	EN IN PART	PERI	ORMED?
(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED	. (Enter nature of injury	in Part I ar Pa	art II af item 18.)			
20c. TIME OF INJUR Haur a. m. p. m.	RY Manth, Day, Yes	20d. IN While at wark	Nat while		CE OF INJURY (Hame, tary, street, affice bldg.,		ty ar tawn)	(C	aunty)	(State)
21. I certify the	at (I) (this haspital	attende			3 - 5 eath accurred at_	1962 ta.	4-12 the causes an		date state	
22a. SIGNATURE	homest	Cl	eary	,	A.D. ATTENDING PHYS.	MED. DIRECTOR				226, DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	thomas.	f. C	learyM	I.D	22d. ADDRESS 5558	S.loer.	H.11 Rd.	Dista	esch He	ughts is
23a. BURIAL, CREMATIC REMOVAL (Specify)		-62		Co.	Memorial Pa		ATION (City, town, ttsburgh	Pa.	(St	ate)
24. FUNERAL DIRECTOR	S SIGNATURE	1661- Washi	Good Hope ngton 20,	DC.	d SE. 250. F	REC'D BY REGIS		STRAR'S SIG	R. Thank	

moy be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Boord of Health priar to burial, cremation, or remayal, and in any event, within 72 hours after geath. TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO HC VR A15 (4) 15M 9/59

ours ofter death. Page 4

of althorophine Esta Cartification (Section 1) and a stranger is search in franch and the search in the s

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, If institution: Rasidence before edmission) e. COUNTY b. COUNTY Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end giva neerest town write RURAL and give nearest town) Kennelworth Kennelworth d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Ad. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1607 YES NO Eastern 3. NAME OF Eastern Avenue DATE Middle 62 DECEASED OF (Type or print) DEATH Alexious Baker 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Male WIDOWED Sept.18 1886 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 8. Give Pages 1, 2 form PM3. Page done during most of working life, evan if retired) District of Columbia
14. MOTHER'S MAIDEN NAME Machinist Navy Yard File pages 13. FATHER'S NAME Fannie Prosperi Unknown Address Washington, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (Ifyasgive war or dates of service) Mrs. Grace Webb Bulloch, 3009 -37th. NAYES W.W.I None

18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute congestive heart failure DUE TO Myocardial insufficience used as a bu gave rise to immediate ceuse pending DUE TO Examiner (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. should be forwarded to the Chia 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) (State) factory, streat, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion Natural causes Suicide Undetermined manner death resulted from: Accident Homicide | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER TO moril 1962 EXAMINER'S ames NAME (Type) Addrass (Straat, city, town, or county) 22a, BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Rock Creek Cemeterly Washington, 246. REGISTRAR'S SIGNATURE Burial 23. FUNERAL DIRECTOR VR A15ME 5M 1/62 W.W. Chambers Co. Riverdale, MarylandATE

THE RESERVE AND ASSESSED ASSESSED. elange series bankan kerland river against The histograms and are Single and Middle Continues to The Common and and The Common States of the Common NEO 11 - ALCONOCE TO TO DOTTE LO . IN CONTRACT OF THE SECURIORS A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR ACCOUNTY ountiet recan sylvas good ested . nonelcallancal Avilences (大量) (大量) (大量) Burgel, " - Chi All Million Ordeld demotrary (Marith 100, 1... R. .. Obember: Co. "-KHI-verdelo; Mariji andre 1888 | The Collect Mariji

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edinission) a. COUNTY e. STATE b. COUNTY O Prince George MARYLAND Maryland Prince George. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to Prince George's b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) . IS RESIDENCE ON A FARM? YES NO X George's General Hospital Prince 3. NAME OF DECEASED OF (Type or print) DEATH 1962 Moncure April 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Devs WIDOWED DIVORCED Vrs. Dec 1De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY UIY MEDICAL EXAMINER: This certificate should be executed within 24 hours after the second of the se 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Virginia U.S.A. 13. FATHER'S NAME U.S. Army 14. MOTHER'S MAIDEN NAME Charles Moncure Barlow Romero 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) ves 1962 Same as Helen Martha Barlow 18. CAUSE OF DEATH Enter only one cause INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Houte occlusion OF CORONARY HRTERY 16 HEMORRHAGE IN ATHEROMATOUS PLAQUE Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying uld be used a burial, crem cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) CERTIFICATION PERFORMED? YES T NO 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy 🛣 Inspection 📆 - Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL Should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER T 16/62 0 EXAMINER'S BOYD NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION. OR GREMATORY UNERAL DIRECTOR 24e. REC'D BY REGISTRAR I VR A15ME APR 18 arthur S. Kraus 5M 1/62

atamond sorter braffymal 10.000 =0.00 La Carlo of the stand a viraveno. Erinoe Toorge's Tenorel Hearits w 7402 54th, Aranie Farlow Averth 18, Cherries Mondane F- - 05:1 , 15:0 - 2:0 THE STAN OF ANY ALB.V M.R. S. L. S. Arey Charles Koncure her low New light - 1962 brok-6550 Molen Merting Bowlose 30me as WE Heate occurred as Locassian Akreed MERCHANDE SER HERMANDER MALLER CARRYLE 8/16/62 JAMES T. BOYD, M. D. with a stary . For Consular of the

LOUIT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, places execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

Division of STATI

	MARYLAND	STATE DE	PARTA	AENT (OF HEA	LTH	
STICAL	RESEARCH AND	RECORDS,	301 W.	PRESTO	N STREE	T, BALTIMORE	104869
WEL	DICAL EXA	MINER'S	CERTI	ESA	IE OF	DEATH	04003
	CHO TO W.C.						tion: Residence before edmi
			a STATE			L COUNTY	

04870 MEDICAL EXAMINER'S CERTIF	CATE OF DEATH
1. PLACE OF DEATH a. COUNTY	SIDENCE (Where deceased lived, If institution: Residence before edmission)
Prince George's MARYLAND STATE	Maryland Prince George s
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR	Maryland Prince George s
Cheverly D.O.A 24 g	uitland
d. NAME OF HOSPITAL OR INSTITUTION (it not in hospite), give street address) d. STREET A	DDRESS O. IS RESIDENCE ON A FARM?
Prince George's General Hospital 4489	Brooks Drive
DECEASED Middle Last	4. DATE Month Dey Yeer
(Type or print) Charles Henry Barth	DEATH April 28, 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH	9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED Feb. 1	5. 1917 45 yrs. Months 50 1 Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAC	E (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Assistance Manager Peoples Drug No	ew Jersey U.S.A.
13. FATHER'S NAME Charles	MAIDEN NAME
Markawa Barth Maka	YOWKX Lillian Walters
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyesgive were detesofs ervice)	Ad dress
Yes W.W. 11 136-05-3363 Jean He	ss Barth Same as #2
	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: PENSING Acute hemorrhagi	intestinal tract.
Conditions, if eny, which Conditions of ammoniam hy	
gave rise to Immediate cause	ur 0,246
(a), stating the underlying DUE TO	
Cause lest. (c)	TYPOTAL PIECE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
Grant Mal Exilepacy 200. FEXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury)	YES NO [
CAUSE OF DEATH.	y in Peri I or Peri II of Hem 18.)
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Ho fectory, street, office bl	me, ferm, 20f. (City or town) (County) (State)
Hour e.m. While Not While fectory, street, office by p.m. 19 at work et work	ag., etc.)
21. I certify that I took charge of the remains described above, held an Autopsy	X. Inspection X. Inquiry X. and in my opinion
death resulted from: Natural causes . Accident . Suicide X. Hor	nicide , / Underfrylighed Impartmer/
CHIEF M	DICAL EXAMINER
SIGNATURE STRUCK C Van Malto M.D. ASSISTA	NT MEDICAL EXAMINER DATE SIGNED
DEPUTY /	MEDICAL EXAMINER X 4/28/62
NAME (Type) Paul Van Natta, M.D. Address	(Street, city, town, or county)
REMOVAL (Specify)	22d. LOCATION (City, town, or country) (Stele)
Burial May 2, 1962 Arlington Nat'l. Ceme	
23. FURRAL DIRE LOR SE. 1661-Good Hope Rd., SE	4a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Washington 20, DC	ATE MAY 1 '62 Cathur & Kours

ASTRONOMY OF STATE OF RAD Average and the country of the state of the VOLENE BASE wanted the great the party and the party of . . . The said of the sa Minimator . Note March 1 - 1992 - 1997 - 1997 - 1997 - 1998 - 1998 - 1997 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 1998 - 199

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased kived, If Institution, Residence before admission) e. COUNTY b. COUNTY a. STATE Prince Georges County MARYLAND Maryland Prince Georges County b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) within 24 .5 -Cheverly Greenhelt filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS 23C Parkway Prince Georges General Hospital completely NAME OF Middle DATE Month DECEASED OF (Typa or print) DEATH Ralph Bartholomew April 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH last_birthday) Months 11-16-12 WIDOWED DIVORCED | Male 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or loraign country) Electrical Specialist Government Illinois 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Theodore R Bartholomew Anna E Dross 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | Addrass (Yas, no, or unkown) | (Ifyasgivewarordatasofsarvica) Doris L. Bartholomew Greenbelt 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Acute Bilateral Pulmonary congestion IMMEDIATE CAUSE (a) Arterisclerotic Heart Disease Consumny 7/4 Ranks Conditions, il any, which gava rise to immediata causa DUE TO (a), stating the underlying Cardiac Failure causa fast. CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 38 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 2Da. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Homa, farm, 2Dc. TIME OF INJURY Month, Day, Year 2Df. (City or town) factory, straat, offica bldg., atc.) Whila Not Whila Hour a.m. at work et work DIRECTOR: saw the deceased alive on April 250 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN Dr. Albert Roth 5510 Madison St., Riverdale, Md. 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Centerville O'E ransportation Iowa 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE APR 3 0 '62 arthur S. That's

Hyattsville, Md.

e. IS RESIDENCE ON A FARM? YES NO

> 62 19

Yaar

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

NTERVAL BETWEEN

ONSET AND DEATH

NO

(Stata)

DATE SIGNED

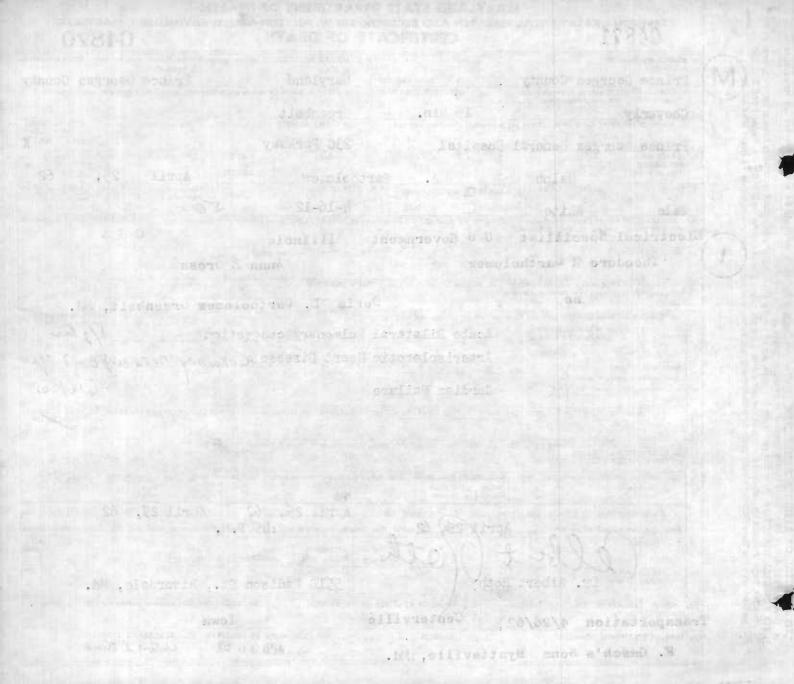
Day

SA

(County)

VR A15 (4) 1SM 7/61

F. Gasch's Sons



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S FOR STATI . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY b. COUNTY y delay is necessary, Prince George's Maryland Prince Geor MARYLAND Prince George's b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 director. writa RURAL and give naarast town) Cheverly District Heights d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? Delano Drive State YES NO XX Prince NAME OF George's General Hospital 4. DATE Month Yaar DECEASED (Typa or print) DEATH 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 9. AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. in pencil in Item 18. Give Pages 1, 2, and 3 Office along with form PM3. Page 5 may burial-transit permit. File pages 1 and 2 with or removal, and in any event within 72 last birthday) Months 26, WIDOWED DIVORCED | UTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after Male 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Tile setter Construction Maryland S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Frederick Battz Catherine Sagorski 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) (Ifyasgivawarordatasofsarvica) Office along with burial-transit permi Irene Ethel Bartz, same as 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO Cardiovascular renal disease Conditions, if any, which "pending" gava risa to immadiata causa DUE TO (a), stating the underlying should be used causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION burial, PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of Itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. WEDICAL Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (State) lactory, street, office bldg., etc.) While Not While should be forwarded to the FUNERAL DIRECTOR: Pa at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry +30 and in my opinion Natural causes Suicide Homicide Undetermined manner death resulted from: Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER TX 4/8/62 5 EXAMINER'S NAME (Typa) 22a. BURIAL, CREMATION, 22b. DATE THEREOF Address (Street, city, town, or county) ple se de la shoul de FUN 22d, LOCATION (City, town, or country) 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURI VR A15ME 5M 1/62 Orthur & Thous

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VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04873 CERTIFICATE OF DEATH 04872

1. PLACE OF DEATH	l .			NCE (Where daces	b. COUNTY	Residence before admission
Prince Geo	rgels	MARYLAND	a. STATE Marylan	nd		George's
b. CITY OR TOWN (if	f outside corporate limits,	c. LENGTH OF STAY IN 15			te limits, write RURAL an	
	give nearest town)	7 days	28 11	110		
d. NAME OF HOSPIT	AL OR INSTITUTION (if no	t in hospital, give street address)	d. STREET ADDRES			e. IS RESIDENCE
	orge's Genera			Redfield	Avenue	ON A FARMT
3. NAME OF	First	Middle	Last	4. DATE	Month	Dey Year
(Type or print)	Dorothy		Beaver	OF DEATH	April 30	19 62
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH		GE (In years IF UNDER	
Female	White w	DOWED DIVORCED	9-24-83		8 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATI	ION (Give kind of work	106. KIND OF BUSINESS OR INDUST		unty & Stele, or for	eign country) 12. CIT	IZEN OF WHAT COUNTRY
done during most of wor	rking life, even if retired) Sewife	Own home				
3. FATHER'S NAME		WII IXOME		ton D C		
	de Marion		14. MOTHER'S MAIDE			
orauc	re marion		Marinda	Reynolds		
S. WAS DECEASED EVI	ER IN U.S. ARMED FORCES fyes give wer or detes of service	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address	
no	Tyes give wer or deles or service	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Hospita.	l Records	Cheverly	Md.
	EATH [Enter only one cau	se per line for (e), (b), end (c).]				I INTERVAL BETWEEN
	H WAS CAUSED BY:	Necrosis of left	cerebellar	hemi sphe	ra	1 week
272	IMMEDIATE CAUSE (e)	1.0010020 01 201	0010001101	110112.00110		- I wook
236	DUE TO	Cerebral Arterio				
Conditions, if eny	()	cerebral - Trerio	screrosis			years
(a), stating the un	OT BUILD -					
cause last.) (c)					
PART II. OTHER	SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE CO	NDITION GIVEN IN PAR	T 1(m) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury	in Pert I or Pert II of	item 18.)	
20c. TIME OF INJU Hour e.m.	RY Month, Day, Yeer		ACE OF INJURY (Home, factory, street, office bldg.,		town) (Cou	unty) (Stele)
p.m.	19	at work at work				
21. I certify th	hat (I) (this hospital)	attended the deceased from	4-23	, 1962 to	4-30, 19	.62 that (I) (we) la
saw the deceas	ed alive on 4-	30 19.62 and tha	t death occured a.	:40M. from t	he causes and on	the date stated abov
22e. SIGNATURE	11 10	9		A.M.		22b. DATE
	Hei K.	Lee,	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	SIGNE
22c. PHYSICIAN'S NAME (Type)	Des Tred War	- 15 E 6 4 7 L 6 L 6	22d. ADDRESS			
TANKE (Type)	Dr. Hei Kit	ree	7730 Ani	napolis R	odd, Lanham	Maryland
Sa. BURIAL, CREMATI	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY			ON (City, town or count	
Burial (Specify)			s Home Ceme	tery W	ashington	D C
24 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS Atterille Md	25a. F	REC'D BY REGISTRA	R 25b. REGISTRAR'S	

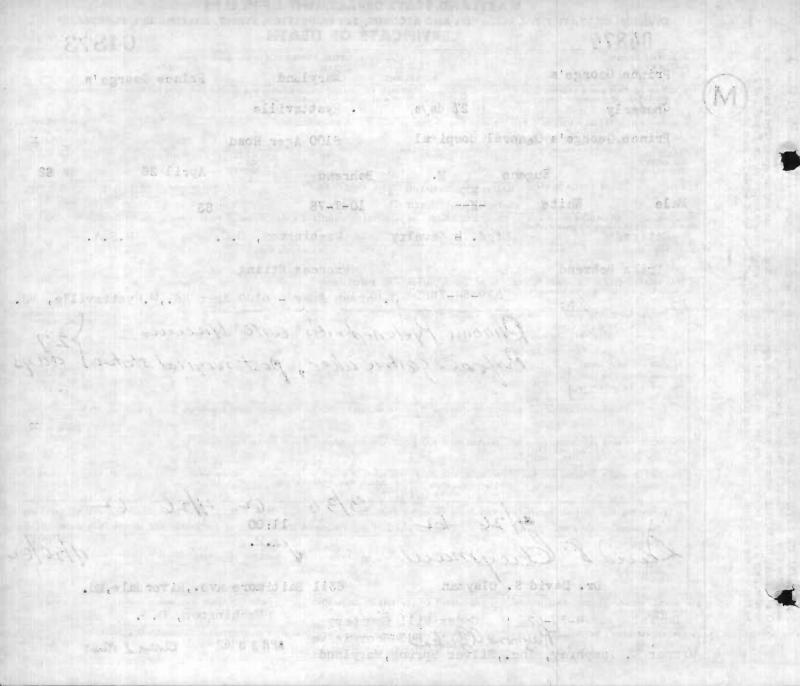
DATE

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare daceased lived, If institution: Residence before admission) Prince George's b. COUNTY the d Prince George's MARYLAND arvland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL end give neerest town) write RURAL end give nearest town) Chever ly 27 days W. Hvattsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 6100 Ager Road YES NO K completely 3. NAME OF Middle 4. DATE Month Day DECEASED (Type or print) DEATH April 82 Eugene E. Behrend 19 and cor 6. COLOR OR RACE 7. MARRIED KENEVER MARRIED 5. SEX 9. AGE (In yeers | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Hours Male WIDOWED DIVORCED 10-7-78 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Mfgd. h jewelrv U.S.A. Washington, D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1.5 Uriha Behrend Frances Etting 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Hyesgivewerordelesofservice) 579-54-7889 J. Norman Ager - 6100 Ager Rd. W. Hyattsville. Md. 1B. CAUSE OF DEATH [Enter only one coursepepline for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: yelonephritis with Greenes IMMEDIATE CAUSE (e) astric aker, post-surgical status geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL Month, Dey, Yeer 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) 20c. TIME OF INJURY 20d. INJURY OCCURRED (County) (Stete) While factory, street, office bldg., etc.) Not While Hour a.m. et work at work ä DIRECTO 21. I certify that (1) (this hospital) attended the deceased from and that death occured at 111.00 from the causes and on the date stated above. deceased alive on.... 22e. ATTENDING DIRECTOR PHYS. M D 22d. ADDRESS 22c. PHYSICIAN'S Dr. David S. Clayman Baltimore Ave. Riverdale, Md. 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) Washington, D.C. 0 Burial 4-30-6 Cedar Hill Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 arthur S. Krous Inc. Si Ever Spring Pumphrev.

MARYLAND STATE DEPARTMENT OF HEALTH

within 24 hours after



CLITY OR TOWN If audited corporate limits, write RURAL and give nearest town CRURAL ORD CR	N.	V	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
DO COUNTY PRINCE GEORGES MARTIAND D. CITY OR TOWN [II oxilide capporate limits, write RUBAL and give necess from) D. CITY OR TOWN [II oxilide capporate limits, write RUBAL and give necess from) D. CITY OR TOWN [II oxilide capporate limits, write RUBAL and give necess from) D. CITY OR TOWN [II oxilide capporate limits, write RUBAL and give necess from) D. COUNTY PRINCE GEORGE D. CITY OR TOWN [II oxilide capporate limits, write RUBAL and give necess from) D. COUNTY PRINCE GEORGE D. CITY OR TOWN [II oxilide capporate limits, write RUBAL and give necess from) D. COUNTY PRINCE GEORGE			
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CHARLES DAVID BELL Claya W. STEPHENS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSE BY. CONSETT AND DEA DUE TO CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (c) 20a. ACCIDENT WAS LINDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTHEY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) While II. OTHER SIGNIFICANT CONDITIONS (County) (S) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY MONTH OF INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY MONTH OF INJ	death.		CUSTODIAN SCHOOL (Md) VIRGINIA U.S.A
The no are unknown Constitution 18 18 19 19 19 19 19 19	T affect	L	CHARLES DAVID BELL Clara W. STEPHENS
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate course (a), stoing the under-lying couse last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTO-PREPORTED OR CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTO-PREPORTED OR CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTO-PREPORTED OR CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTO-PREPORTED OR CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTO-PREPORTED OR CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTO-PREPORTED OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTO-PREPORTED OR CONTRIBUTION GIVEN IN PART II(a) 19. WAS AUTO-PREPORTED OR CONTRIBUTION GIVEN IN PART II(a) 19. WAS AUTO-PREPORTED OR CONTRIBUTION GIVEN IN PART II(a) 19. WAS AUTO-PREPORTED OR CONTRIBUTION GIVEN IN PART II(a) 19. WAS AUTO-PREPORTED OR CONTRIBUTION GIVEN IN PART II(a) 19. WAS AUTO-PREPORTED OR CONTRIBUTION GIVEN IN PART II(a) 19. WAS AUTO-PREPORTED OR CONTRIBUTION GIVEN IN PART II(a) 19. WAS AUTO-PREPORTED OR CONTRIBUTION GIVEN IN PART II(a) 19. WAS AUTO-PREPORTED OR CONTRIBUTION GIVEN IN PART II(a) 19. WAS AUTO-PREPORTED OR CONTRIBUTION GIVEN IN PART II(a) 19. WAS AUTO-PREPORTED OR CONTRIBUTION GIVEN IN PART II(a) 19. WAS AUTO-PREPORTED OR CONTRIBUTION GIVEN IN PART II(a) 19. WAS AUTO-PREPORTED OR CONTRIBUTION GIVEN IN PART II(a) 19. WAS AUTO-PREPORTED OR CONTRIBUTION GIVEN IN PART II(a) 19. WAS AUTO-PREPORTED OR CONTRIBUTION GIVEN IN PART II(a) 19. WAS AUTO-PREPORTED OR CONTRIBUTION GIVEN IN PART II(a) 19. WAS AUTO-PREPORTED OR	72 hor	15. (Ye)	to at an including the second
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20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while at work of two work of alive an MARCH-31, 1967, and that death occurred at 7:05 PM, from the causes and on the date stated a ADDRESS (Street, city ar town, state) ACTUAL SIGNATURE PHYSICIAN'S MAX E. FELDMAN M.D. Waryland Registration No. A 3874 220a. BURIAL (REMATION) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, tawn, or caunity) (State) (County) (Sounty) (Sounty) (Sounty) (Sounty) (Sounty) (Sounty) (Sounty) (County) (County) (County) (Sounty) (Sounty	moval,	CATION	PERFORMED? YES NO
21. I certify that I attended the deceased from. May, 1967, to APRIL, 1967, that I last saw the deceased alive an MARCH. 31, 1967, and that death occurred at 7:05 PM, from the causes and on the date stated a ADDRESS (Street, city ar lown, state) ACTUAL SIGNATURE WAY E FELDMAN M.D. Wayland Registration No. A 387 L PHYSICIAN'S MAX E. FELDMAN M.D. Wayland Registration No. A 387 L 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, lawn, or caunty) (Signe)	a, or rel		
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ACTUAL SIGNATURE WAY & FELDMAN M.D. Wayland Registration No. A 387 L 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Signe)	urial, cr		
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fawn, or county) (State)	ior to b		ADDRESS (Street, city or town, state) DATE SIGN
REMOVAL (Specify)	istror pr		
	the reg		Burish april 4-62 Beulah By church warsaw, Va.
23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES	(4) 5	23.	

CERTIFICATE OF BEATH
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The Republic Andrews Aller Memorial & Sald Character

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M		LACE OF DEAT	н		2. USUAL RESIDE	NCE (Where decees	ed lived, If Institu	tion: Residence before edn
		Prince G	eorge's	MARYLI		ton, D. C	· Prii	
		. CITY OR TOWN	(if outside corporate li- d give neerest town)	mits, c. LENGTH OF STAY				AL end give neerest town)
7		Cheverly	The same of the sa	8 days		d, Maryla	nd	1 IC DECL
	•	I. NAME OF HOSP	ITAL OR INSTITUTION	(if not in hospitel, give street eddress			= /= .	e. IS RESI
	-	Prince	George's	General Hospital	4706	AAVe., S	. E. (Sul	tland) YES N
		DECEASED (Type or print)	FI	st Middle	Last	OF DEATH		20,
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AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceesed lived, If institution: Residence before adr a. COUNTY h COUNTY Prince George! Maryland Prince G George's b. CITY OR TOWN (if outside corporata limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Lanham Lanham months d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress, ON A FARM? YES NO X 347 Cipriano Road Cipriano Road 3. NAME OF 4. DATE Middle Month DECEASED OF (Type or print) DEATH Paul 19 62 Eugene Berger 9. AGE (In years | IF UNDER 1 YEAR | 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Male WIDOWED | DIVORCED T December 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) ive Pages 1, 2 PM3. Page dona during most of working life, even if retired) Transportation Cab Driver West Virginia 13. FATHER'S NAME Robert Berger Unknown - Lola Frye IInknown. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes Virginia Davis Berger, same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO Coronary arteriosclerotic heart disease Conditions, if any, which cremation, gava rise to immediate cause pending DUE TO Examiner (a), stating the underlying used cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? pe 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING prior CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaar (County) factory, street, office bldg., etc.) While Not While et work at work be forwarded to m Inspection X. 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X and in my opinion death resulted from: Natural causesXX. Accident Suicide Homicide Undetermined manner should be forward FUNERAL DIRE CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER ö EXAMINER'S ames NAME (Type) Addrass (Straat, city, town, or county) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a, BURIAL, CREMATION, REMOVAL (Spacify) E40 Fort Lincoln Bladensburgh Burial 248. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE ADDRESS 23. FUNERAL DIRECTOR Christan S. Thomas

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S 1. PLACE OF DEATH a. COUNTY b. COUNTY Prince George County MARYLAND Maryland b. CITY OR TOWN (if outside corporeta limits. c. LENGTH OF STAY IN 16 director. write RURAL and give nearest town) Capitol Heights Capitol Heights Vrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Avenue 420 57th. Avenue 3. NAME OF First Middle Last DATE Month DECEASED OF (Type or print) George Washington DEATH Blake 1 within 24 hours after death.

18. Give Pages 1, 2, and 3 to 1
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LAND STATE DEPARTMENT OF HEALTH

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W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Reside a. COUNTY b. COUNTY Maryland Prince George. CITY OR TOWN (If outside corporete limits, write RURAL and give necess Prince George's Prince George's MARYLAND b. CITY OR TOWN (if outside corporate lim c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS Pleasant Prince George's General Hospital YES NO TO 3. NAME OF DECEASED OF (Type or print) DEATH Blankenship NEVER MARRIED AX 8. DATE OF BIRTH 9. AGE (IN 7. MARRIED last birthday) Months Deys and 2 within 1. BIRTHFLACE (Siele or loreign country) WIDOWED Female White 10b. KIND OF BUSINESS OR INDUSTRY 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) event Washington, Child Student 13. FATHER'S NAME Thomas Blakenship Pauline Virginia Abbott 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes giva war or detes of service) Mrs. Pauline V. Abbott, Seat Pl None No 18. CAUSE OF DEATH [Enter only one ceuse per line lor (e), (b), end (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediata cause DUE TO (a), steting the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. prior the street when stuck by automobile CURRED 200. PLACE OF INJURY (Home, ferm, 201. (City or fown) MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer lectory, street, office bldg., etc.) While Not While at work et work Street Carmondy Hills P. G. Md. 21. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection . Inquiry . and in my opinion death resulted from: Accident X. Suicide Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 0 EXAMINER'S BOYD, M.D. Add JAMES Address (Street, city, town, or county) 22e. BURIAL, COMANON 22b. DATE THEREOF 22d. LOCATION (City, town, or country) April 10, 1962 Mud Fork Cemetery Mud Fork, Logan Companies April 10, 1962 Mud Fork Cemetery Mud Fork, Logan Companies April 10, 1962 Mud Fork Cemetery Mud Fork, Logan Companies April 10, 1962 Mud Fork Cemetery Mud Fork, Logan Companies April 10, 1962 Mud Fork Cemetery Mud Fork, Logan Companies April 10, 1962 Mud Fork Cemetery Mud Fork X SEMON AC Topocity) Mud Fork, Logan Cty. W. Va. 23. FUNERAL DIRECTOR W. W. CHAMBERS CO., Riverdale, Maryland APR 11'62

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UTY MEDICAL EXAMINER:

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W. M. CHANGERS CO., Hiverdale, Maryland Till

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04881 within 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY riu ce b. CITY OR TOWN (if outside corporate limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give nearest town) 0 ays filled ir Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO K completely NAME OF 41 DATE Yeer DECEASED OF (Type or print) DEATH Ohn 19 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. and last birthday) Months Days Hours Sa WIDOWED DIVORCED death certificate remove ever physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) u 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending en NI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes no, or unkown) Spanish -Amr dan. 1B. CAUSE OF DEATH Enter only one cause per line for (a), (b), end (c). INTERVAL BETWEEN been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) has been signed to burial-transit DUE TO attending Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stete) Month, Day, Yeer (County) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. 1940. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED MED. STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMÉTERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial Arlington National Arlington, a Coplan 2. Kins ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 Francis Gasch's Sons Hvattsville, Maryland DATE ANR 1 2 162

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the the rigenia	p.m. 19 at work at work
o o o	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion.
CA ded ded autec	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
	CHIEF MEDICAL EXAMINER
MED te the forward forward design	ECTIVE AND PARTY TO THE
AI AI	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
Or its	EXAMINER'S DAIL C Non Notto
	Addrass (Street, city, town, or county)
show show	REMOVAL (Specify)
5 g 4 5 ±	Burial 4/24/62 Derwood Cemetery Derwood, Maryland
VR AISME	23. FUNERAL DIRECTOR ADDRESS
SM 1/62	Robert A. Pumphrey, Bethesda, Maryland DATE APR 26 62
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CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside exporate limits write RUBAL and give nearest town) ilf outside corporate limits, write RURAL and give represt to c. LENGTH OF STAY IN 16 2 day d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO lanc completely NAME OF 3. Year DECEASED (Type or print) DEATH 1960 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED X DIVORCED physician USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWIFE

13. FATHER'S NAME IR OULLI A attending pl 14. MOTHER'S MAIDEN NAME .= UNKNOWN. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT requires that the Address (Yes, no, or unkown) | (Ifyes give wer or detes of service 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I of Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While at work at work p.m 28 1962 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from..... .19.6.2 and that death occurred at 6.32M, from the causes and on the date stated above, saw the deceased alive on...... 22e. SIGNATURE 22b. DATE ATTENDING. SIGNED PHYS. DIRECTOR M.D 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) KIVERDALE, MO BURIAL CREMATION. 23c. NAME OF LOCATION (City, town or county 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4) arthur S. Thouse DATE

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Russia a series of the series The state of the s State of the state The St. Co. St. Market St. Co. St. Line St. Line St. Co. ACRES ALVERTA THE THE REPORT OF THE PARTY OF HERRY - FITZ HOTH ... WANDARY ... The safety of the work of the The second second second second The last Chairman of the Salar Section of the salar section of the

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the and 2 s Prince George's Prince George's MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give naarest town) write RURAL and give nearest town) Filled in Pages 1 College Park hours after 12 days Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE YES NO Prince George's General Hospital 5010 Luguna Road papers. completely 3. NAME OF 4. DATE Month DECEASED OF April (Typa or print) Char les Bradlev DEATH carbon withi 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) and Months Male 5-15-11 WIDOWED DIVORCED death certificate physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Ass't Director of Personnel, N.L.R.B. Wash. D. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 attending Katherine B. Bradlev. George E. Bradley. and ā Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no, or unkown) | (Ifyesgivawar ordates of service remova Mrs. Dorothy A. Bradley, wife. attending physician. as been signed by the 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Pulmonary Edema 1 day IMMEDIATE CAUSE (e) burial-transit DUE TO Porto-Caval Anastomosis (3 days post-operative) Conditions, if any, which gava rise to immadiate causa DUF TO the bur burial, (a), stating the underlying has (c) Cirrhosis of the Liver with bleeding esophageal varices known PHYSICIAN: certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY P 20a. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH the 4 may be refained by the L DIRECTOR: After this 3 should be defached for the State Dent at the State D WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Yaar (County) factory, street, office bldg., atc.) Not While While Hour e.m. et work et work and that death occured at 11:6,0 from the causes and on the date stated above. saw the deceased alive on...... 1019 22a. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. Page 4 22d. ADDRESS 22c. PHYSICIAN' NAME (Typa 9 E Parkway Rd., Greenbelt, Maryland Dr. William C. Weintraub 23e. BURIAL, CREMATION, | 23b. DAZE THEREOF 23d. LOCATION (City, 16wn or county) REMOVAL (Specify) 0:58 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A1S (4) APR 9 Ciriling S. Thank

15M 7/61

ON A FARM?

1962

PERFORMED? NO [

(Stata)

22b. DATE

(State)

SIGNED

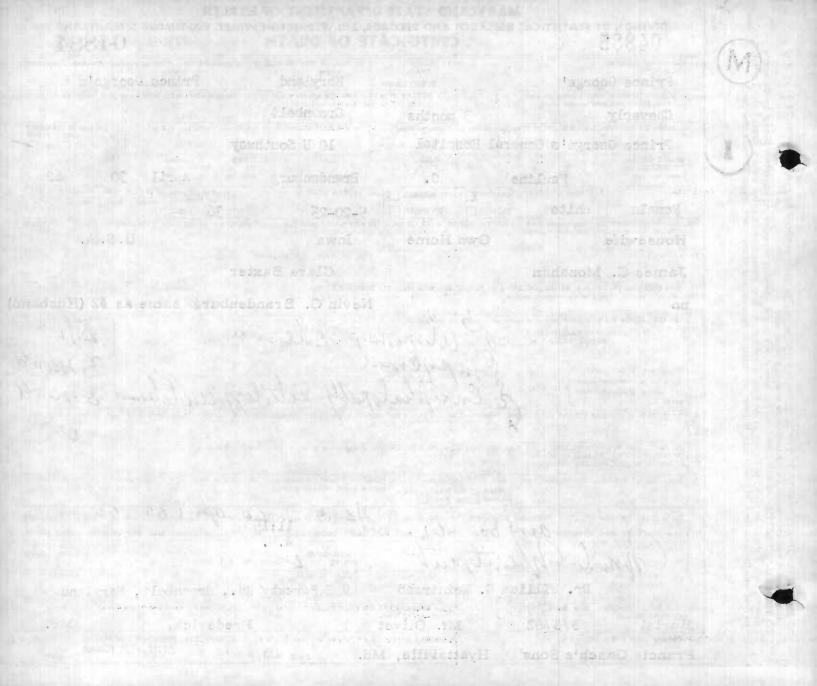
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TO HC PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death case 4 may be retained by the hospital or attending physician.

Yellow To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 mounts be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 7 mounts after death.

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	PLACE OF DEATH a. COUNTY Prince G			MARYLANI	a. STATE		na daceased livad, land,	institution: R		ra edmission
	b. CITY OR TOWN (if write RURAL and Cheverly	outside corporate limi giva nearest town)	its,	c. LENGTH OF STAY IN 1	c. city or to		corporata limits, wri	ta RURAL and	giva naarast	town)
7		eorge's Ge		spital, giva straet address)	d. STREET ADD	sess Southwa	ay			S RESIDENCE
	NAME OF DECEASED (Typa or print)	First Pauli		Middle C •	Brandenb	4. DA				Year 1962
5.	sex Female			NEVER MARRIED	8. DATE OF BIRTH 5-20-25	ar B	9. AGE (In years last birthday) 36 yrs.	IF UNDER 1		DER 24 HRS.
do	. USUAL OCCUPATI	ON (Give kind of work king life, even if retire	10b. K	IND OF BUSINESS OR INDU Own Home	Iowa	County & Stat			S. A.	T COUNTRY
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MEDICAL C	20c. TIME OF INJUR Hour a.m. p.m.	MEDICAL EXAMINER)	ar 20d. While	Not While	PLACE OF INJURY (Home actory, streat, office bldg		(City or town)	(Coun	ty)	(State)
	saw the decease	11	118 2	ded the deceased from	at death occured	11:152	from the causes		C., That (I	
	22a. SIGNATURE	n.C.Ch	levi	trank	M.D. ATTENDING PHYS. Z	MED. DIRECTOR	STAFF PHYS.			22b. DATE SIGNE
	NAME (Type)	Dr. Will		. Weintraub			d., Green			(Stata)
2		AND ASO. DATE THER	LOI	ASC. NAME OF CEMETER	OR CREMATORT	. 230.	LOCATION (City, to	wh or county		(Sieic)
F	REMOVAL (Spacify) Burial FUNERAL DIRECTOR'	5/3/62		Mt. Olive			rederick,			Md.

MARYLAND STATE DEPARTMENT OF HEALTH



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

after death. Page

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MARYLAND STATE DEPARTMENT

04000	CERTIFICA	IE OF DEATH		04885
1. PLACE OF DEATH a. COUNTY Prince George s	MARYLAND	2. USUAL RESIDENCE (When	e deceased lived. If institutions b. COUNTY	r. Goe's Co.
b. CITY OR TOWN (If outside corporole limits, write RURAL and give nearest town) Oxon Run Hills	c. LENGTH OF STAY IN 16 18- Months	c. CITY OR TOWN (If out	side corporote limits, write RUR	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street 491) = 28th Parkway S.E.	oddress)	d. street Address 4913 - 28th	Parkway S.E.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) First	A. Middle	BRENNAN Last	DATE OF April Month	12th Day Year 62
5. SEX 6. COLOR OR RACE 7. MARR WIDOWE	Sees .	April 10- 18	last highday)	FUNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
00. USUAL OCCUPATION (Give kind of work done during most of werling life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or New York	foreign country)	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME Robert Parkhill		14. MOTHER'S MAIDEN NA. Mary J. Mc		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)		formant lene C. Master	Addres Same at	11
1B. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b)	restor (o), (b), and (c).]	nyound	itis	INTERVAL BETWEEN ONSET AND DEATH

gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.) Hour o. m. While Not while ot work ot work

21. I certify that (1) (this hospital) attended the deceased fram Mare and that death accurred at 4 P.M. from the causes and an the date stated above saw the deceased alive an 220 SIGNATURE

ATTENDING PHYS. MED. umes M.D. PHYSICIAN'S 22d. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)

(County)

(Stole)

230. BURIAL, CREMATION, REMOVAL (Specify) April 16- 62 St. Bonaventure Cemetery

Olean, New York 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Uning & Thous

23b. DATE THEREOF

p. m

1661APOSOd Hope Road SE Mashington 20, DC.

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ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, Il institution; Residence before admission) e. COUNTY director. Page or your files.. b. COUNTY defay is necessary Prince George's MARYLAND Printe George's b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporate limits, write RURAL and give neerest lown) write RURAL end give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) D.O.A. Carrollton d. STREET ADDRESS e. IS RESIDENCE uneral ON A FARM? retained he State Prince George's General Hospital YES NO 5908 3. NAME OF Day Year DECEASED OF (Type or print) DEATH David 62 Wayne Brinklev 19 April death. with 72 h 2, and 2 with and 2 with 77 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER I YEAR IF UNDER 24 HRS. last birthdey) Months Deys WIDOWED UTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and be forwarded to the Chief Medical Examiner's Office along with form PM3-Page 5 in a because named to the Chief Medical Examiner's Office along with form PM3-Page 5 in the page 1 and 2 and 3 a DIVORCED yes. 1Da. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) None None Maryland

14. MOTHER'S MAIDEN NAME U.S.A. 13. FATHER'S NAME Ernest Halliard Brinkley Dor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Doris Mae Yingling 85th. Ave. Carrollton (Yes, no, or unkown) | (If yes give wer or detes of service) and No None Ernest Halliard Brinkley Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) MPRESSIEN Conditions, if any, which cremation, execute the certificate, writing the word "pending" Id be forwarded to the Chief Medical Examiner's IERAL DIRECTOR: Page 3 should be used as a or its designated agent, prior to burial, cremation gave risa to immediate cause (a), steting the underlying cause lest. CONTRIBUTING TO DEATH TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO [20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. WEDICAL 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm,) 2DI. (City or town) (County) (State) lectory, street, office bldg., etc.) Hour e.m. While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 4/26/62 EXAMINER'S NAME (Type) Van Natta, M.D. Address (Street, city, town, or county) Ples Stour Health 22e. BURIAL CREMATION . 226 CATION (City, lown, or county (State) REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME 5M 1/62

A STATE OF THE STA Prince George's ... Maryland Frince George's notional and another Cherently Irinos George La General Horojeal . 5908 Str. . Prenue , do Iimoa validada - 61ves - 6nmille Male Marke Mar 3, 1957 2 1.2.11 3.00 Dire Certal BELOW __ Interest Legisland Bringley | Dorte Man Yangilne Pope the second second second KESPIRATERY CIBSTENETISE CHECKET IN LANGUER lunion OF MEDIASTINGH THE RESERVE OF THE PARTY OF THE 29/92/3 Payl C. Van Nettan, K.P. the wife of the second

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		write RURAL en	erly	own)		lday	N	orth I	Reach	_	4 x	7
11		d. NAME OF HOSP	TAL OR INSTIT	UTION (i	f not in hospi	itel, give street eddress)	d. STREET ADDRES		30 0,011			e. IS RESIDENCE
		Prince	Georges	Gen	eral H	Hospital	Ge	neral	Del.			YES NO
		NAME OF DECEASED		First		Middle	Last	4. DAT	E Mo	onth	Day	Yeer
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	5.	SEX	6. COLOR O	R RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In yell last birthda	ers IF UNDER 1		IF UNDER 24 HRS.
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	13.	FATHER'S NAME	0	1	11	n '/)	14. MOTHER'S MAIDE					•
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-/	15. (Ye	WAS DECEASED EV	ER IN U.S. ARA	MED FOR	CES? 16. St	OCIAL SECURITY NO. 17.	INFORMANT	2.	Addi	ress		1
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				/			Mother		Same	as abor	ve C	
		18. CAUSE OF	H WAS CAUSE	ED BY:	cause per line	e for (e), (b), end (c).] Bilateral Pul:		ctasi		as abor	INTÉ	RVAL BETWEEN SET AND DEATH
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21. I certify that (this hospital) attended the deceased from 1.5. April, 19.6.2 to 2.5. April, 19.6.2 that saw the deceased alive on 2.5. April		20c. TIME OF INJURY Month, Dey, Yeer 20d. II			(County) (State)
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24 FORENCE DIRECTOR'S SIGNATURE		24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAI	R'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY a. STATE Prince George's County the d MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 by an write RURAL end give nearest town) Chever ly 12 days filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES IN NONDEC Hill Road Landover. Prince George's General Hospital letely DATE 3. NAME OF Month DECEASED OF compl (Type or print) DEATH 1962 Bernard 8. DATE OF BIRTH and cor AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX lest birthdey) Months Devs Hours WIDOWED T 88 yrs. DIVORCED physician a 12. CITIZEN OF WHAT COUNTRY? 940 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) done during most of working life, even if retired) Landover Marvland Farmer 13. FATHER'S NAME attending ph 14. MOTHER'S MAIDEN NAME Richard Brown Mildred J. Grabitt 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (Ifyes give war or dates of service) NO Mrs Bessie Brown - same as above. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c), 1 ONSET AND DEATH I. DEATH WAS CAUSED BY: attending physic Cerebral vascular accident IMMEDIATE CAUSE (e) s hospital or as seen as a certificate has been as for use as the burial-transit process to burial, cremation, DUE TO Cerebral arteriosclerosis Conditions, if eny, which geve risa to Immediate ceuse DUE TO (e), steting the underlying 3. Diabetes mellitus PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour am et work at work 21. | certify that (I) (this hospital) attended the deceased from ALAA.... 19.64 and that death occurred at 9.440, from the causes and on the date stated above. saw the deceased alive on.... P.M. 22b. DATE 220. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Peter Duus 6124 Central Ave., Capitol Hgts., FUN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE (Stata) Addison Chapel Seat Preasant, Md. 0 24 FUNERAL DIRECTOR'S SIGNATURE Wash. D.C 258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Cuthung S. Thousa 15M 9/60

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4 may be retained by the hospital or attending physician.

L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death within 24 hours after PHYSICIAN: The law requires that the death certificate be exect ATTENDING OR director, page be filed with t death.

TO FUIL

director,

be filed TO HO WASHINGTON 6, D.C. DATE APR 2 3 '62 JOSEPH GAWLER'S SONS, INC. 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04890

I. PLACE OF DEATH a. COUNTY			ICE (Whare deceased lived, If Institution b. COUNTY	n: Residence before edmission)
Prince Georges	MARYLAND	o. STATE D.C	B. COUNT	
b. CITY OR TOWN (if outside corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, write RURAL	and giva nearest town)
write RURAL and give neerest town)	43 mos.	77 -1 -		LMX.2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit	A	d. STREET ADDRESS	ngton 9, D.C.	a. IS RESIDENCE
				ON A FARM?
Carroll Manor, 4922 La	Salle Rd.	1629 0	Columbia Rd., N.W.	YES NO
DECEASED	Middle	Last	4. DATE Month	Dey Year
(Typa or print) Elizabeth	Kent	Brown	DEATH April	20 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B	. DATE OF BIRTH	1 11 11 1	R 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED	DIVORCED _	Feb. 4, 188	lest birthday) Months	Deys Hours Min.
IDe. USUAL OCCUPATION (Give kind of work done during most of working tife, even if retired)	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	inty & State, or foreign country) 12. (CITIZEN OF WHAT COUNTRY?
Housewife	~~~	Lincoln.	Nebraska	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
Miles Reinbridge Vins		Olan	a Trans	
Miles Bainbridge King 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC	OCIAL SECURITY NO. 17. 1	INFORMANT	a Kent	
(Yes, no, or unkown) (If yes give wer or dates of service)	ocina seconi i no. in. i		Wa	sh 9 D.C.
	ione Cl	ude G. Brown	n (Husband) 1629 Co	1. Rd., N.W.
18. CAUSE OF DEATH [Enter only one cousa per line	e for (e), (b), end (c).]			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Chronic myoca	rditis		7 yrs.
DUE TO		White Sale W.		1 7200
Conditions, if eny, which (b)	Generalized a	rteriosclero	osis	9 yrs.
(e), stating the underlying DUE TO				- 7700
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	RIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Pert II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH				
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p.m. 19 at work [
21. I certify that (I) (thin in mital) attende	d the deceased from	Nor. 13	19 57 to April 20	10 62 that (1) (1000) las
/			OAM, from the causes and or	
	OIY.OZ, and that	death occured at.	MAM, from the causes and or	
22a, SIGNATURE	/)	ATTENDING	MED STAFF	22b. DATE SIGNED
- lorge	/ouvery M	.D. PHYS.	DIRECTOR PHYS.	4/20/62
22c. PHYSICIAN'S		22d. ADDRESS		
NAME (Type)	M D	1629 Col	umbia Rd., N.W., Was	shington 9. D
George Dewey,	23c. NAME OF CEMETERY		23d. LOCATION (City, fown or cou	unity) (Steta)
REMOVAL (Specify)				
CREMATION 4-21-62 4 FUNERAL DIRECTOR'S SIGNATURE	CEDAR HILL C		SUITLAND C'D BY REGISTRAR 256. REGISTRAR	MD .

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04832 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Rasidenca before edmission) a. COUNTY b. COUNTY Prince George's by the and 2 death. Prince George's Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give nearest town) Chever ly Em. Room District Heights Filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 7800 District Hghts., Pkwy. YES NO . completely papers. 3. NAME OF Last 4. DATE Yeer DECEASED (Type or print) M. Bruce DEATH April 10 19 62 Anna and c. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR) 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. 34 (in year) Months Deys Hours Female White WIDOWED DIVORCED A requires that the death certificate physician 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Telephone Operator 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME .5 affen Then 15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyesgive wer or detes of service) 8139 Old Mula Ros physician. 18. CAUSE OF DEATH [Enter only one cause per ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) signed has been signed he burial-transit p DUE TO Conditions, if eny, which geve rise to immediate causa art Dissase (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO XX 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc. Hour a.m. While Not Whila et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from ... b that (I) (we) last 1962, and that death occured at 11.55 from the causes and on the date stated above. april & saw the deceased alive on... 22b. DATE P.M. ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 7016 Greigg Street, Seat Pleasant, Md. Dr. M. M. Herzberg 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMA ORY 23d. LOCATION (City, town or county (Stete) REMOVAL (Specify) のきる DURIA 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A1S (4) arthur S. Krous 1SM 7/61 23200

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aath c			13.	FATHER'S NAME	C	10		14. MOTHER'S	MAIDEN NAME		8	
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n 2 n d in d in 1	77	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE
fille Pag	-	6		ON A FARM? YES TO NO DE
oletely 3pers. 72 ho		3.	NAME OF DECEASED OF First Middle Last 4. DATE Month OF OF DECEASED	Dey Year
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0.=		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UND last birthday) Months	ER 1 YEAR IF UNDER 24 HRS. Deys Hours Min.
in and e carb ent, w		100	WIDOWED DIVORCED BITTORY IN BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
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h ce r phy se re		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
death ding pleas			John Cain Sarah Winkler	
the atten		15. (Ye	was deceased ever in u.s. armed forces? 16. Social Security No. 17. Informant Address s, no. of unknown (lifyers give wer or deleas of service) 359-07-2279 Mrs. Loretta Cain, D-1, Cypress	Drive ZONE 20
that n. the it. T			18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (g).]	I INTERVAL BETWEEN
ires sicial d by Serm			PART I. DEATH WAS CAUSED BY, Enca phalomalacia (Whola Laft Brain)	ONSET AND DEATH
phy gne gne nsit p			43414	
ding en si I-fra			conditions, if any, which Theriosclarosis Heart Disagsa	
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IAN lal o	2	NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED?
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PHY the h this co		CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ING d by After ache f He		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 40 blue - Month, Day, Year 20f. (City or town) (Mile - Not While - Not	County) (State)
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TATE OF THE PARTY		-	Mei K. See M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
SPITA Page AERA Or, pag	1		22c. PHYSICIAN'S NAME (Type) HEI K. LEE 7732 ANNAPOLIS Rd. LANHAI	Y, MARYLAND
death death		23e	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL Specify Baltimore National Baltimore	ounty) (State)
VR A15 (4)	0	24	FUNERAL DIRECTOR SIGNATURE ADDRESS	- 11
15M 7/61	By.	X	CONTRACTOR OF THE STATE OF THE	7 S. Thank
		W	ILLIAM COOK; INC., 1217 St. Paul Street, ZONE Z	

(Tet) Tet in (S. In ...) Line 30. 11-8-13 \$59-03-2279 artis. Boreomi Coin, 8-1 Concess McLyel 20 d THE ENGLISH OF HEALT AND SEEDING ASSISTED NEILLER EVEN, USEL, USE ECCENTICUCCOLUNE A Margara Control of the Control of the Control

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY AND 04895 CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed, if Institution: Residence before edmission) a. COUNTY b. COUNTY by the and 2 death. Prince Georges MARYLAND District of Columbia b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 97 Rural (Glenn Dale 2 years Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE hours ON A FARM? YES NO Y Glenn Dale, Hospital 1348 C Street. completely 3. NAME OF Middle 4. DATE Month Year DECEASED (Type or print) DEATH 19 DAVID CALDWELL 28 April and cor 9. AGE (in years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE! B. DATE OF BIRTH last birthdey) Months Hours December WIDOWED DIVORCED Male Negro remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Cafeteria Helper Eastern High School Lawrence, S.C. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Peter Caldwell Carrie French 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unkown) | (If yes give war or detes of service) unknown 577-14-5161 Person INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] 15 minutes Pulmonary Hemorrhage PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Pulmonary Tuberculosis 2 yrs., 4 mo Conditions, if env. which gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Month, Dev. Yeer fectory, street, office bldg., etc.) While Hour e.m. Not While at work et work 1962, and that death occured at 2:35M, from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 22e. SIGNATUR ATTENDING SIGNED STAFF 28/62 PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Ghenn Dale Hospital Glenn Dale. Md. Moe Weiss. M.D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) - D. C. DATE APR 3 0 '62 1SM 7/61

within 24 hours after

death certificate

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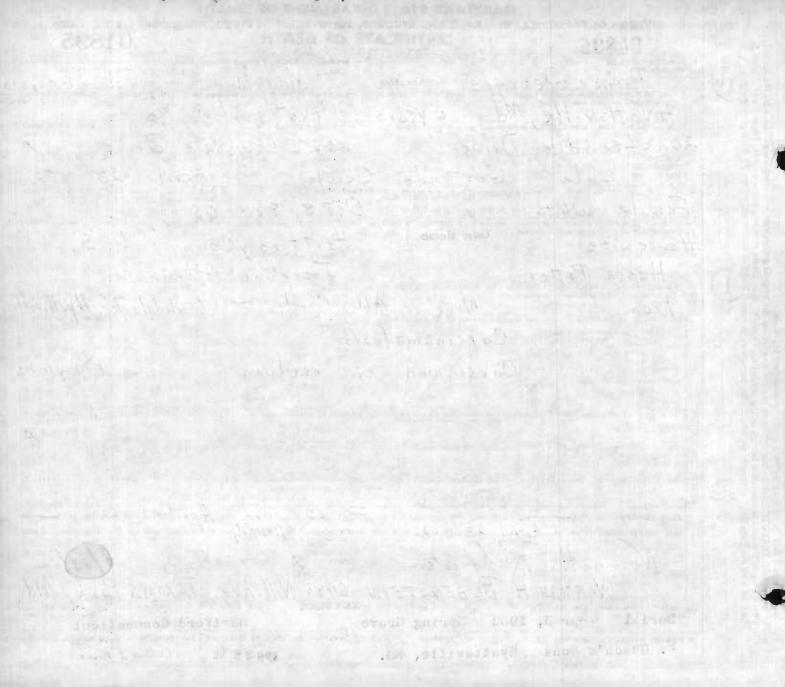
RYLAND STATE DEPARTMENT OF HEALTH

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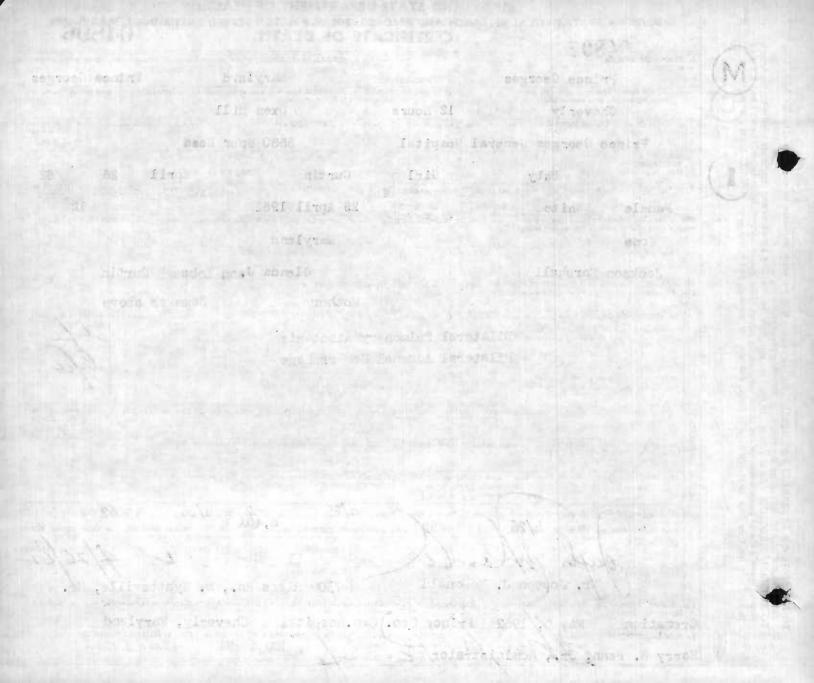
000	4	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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n p n hin		(Type or print) Lulu Gertrude Cowles DEATH April 23 1962
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T fer se) †	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
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# # # # E		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]
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adu Jue Sit p on,	- 1	IMMEDIATE CAUSE (0) Cd VCIN 0 m & TO 315
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det det		Hour e.m. While Not While taclory, street, office bldg., etc.]
Depi Depi		21. I certify that (I) (this hospital) attended the deceased from Feb. 26, 1962 to April 23, 1963 that (I) (me) last
K & C P o		saw the deceased alive on
Sho Sta		226. SIGNATURE 1/ 22b. DATE
147° e	,	Noman H. Kulensten- M.D. ATTENDING MED. STAFF DIRECTOR PHYS. SIGNED
RA RA	/	22c. PHYSICIAN'S
A W E P		NAME (TYPO) NORMAN H. KURENSTEIN 6480 N.H. AVE TAKOMIL PARE Md
FI School		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR XINEMATORXX 23d. LOCATION (City, town or county) (State)
\$ \$ 0 \$ 0		REMOVAL (Spring Grove Hartford Connecticut
VR AIS (4)		24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE
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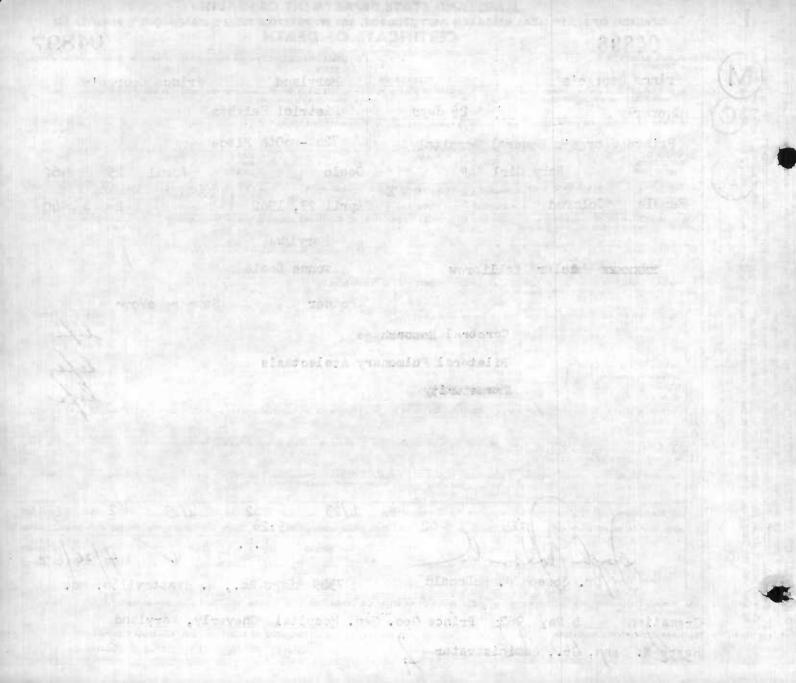
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH within 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Prince Georges Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If oulside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) C *-12 hours Oxen Hill Chever ly Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE d. STREET ADDRESS ON A FARM? 5580 Spur Road YES NO Prince Georges General Hospital completely 3. NAME OF DATE Month Day Lest DECEASED DEATH (Type or print) Curtin Baby Girl 26 19 62 thin IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 5. SEX DATE OF BIRTH and last birthday) DIVORCED 1962 WIDOWED 25 April Female 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & Stele, or foreign country) done during most of working life, even if retired) Maryland None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jackson Marshall Glenda Jean Lobaugh Curtin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? law requires that the 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detes of service Mother Same as above 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSE AND DEATH PART I. DEATH WAS CAUSED BY: Bilateral Pulmonary Atectasis IMMEDIATE CAUSE (a) Bilateral Adrenal Hemorrohage Conditions, if eny, which geve rise to immediate causa DUE TO (e), steting the underlying the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH DIRECTOR: After Inc. WEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yaer factory, street, office bldg., etc.) While Not While Hour e.m. work et work p.m. (This hospital) at ended the deceased from. , and that death occured at 5,40A from the causes and on the date stated above. saw the deceased 22a. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIA McDonald Joseph Riggs Rd., W. Hyattsville, Md 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, 236. DATE THEREOF 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) 0 Gen . Hospita] Geo. Cheverly, Maryland DCG Cremation 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATU VR A15 (4) DATE MAY 8 '62 arthur S. Kraus 15M 7/61 Admin's



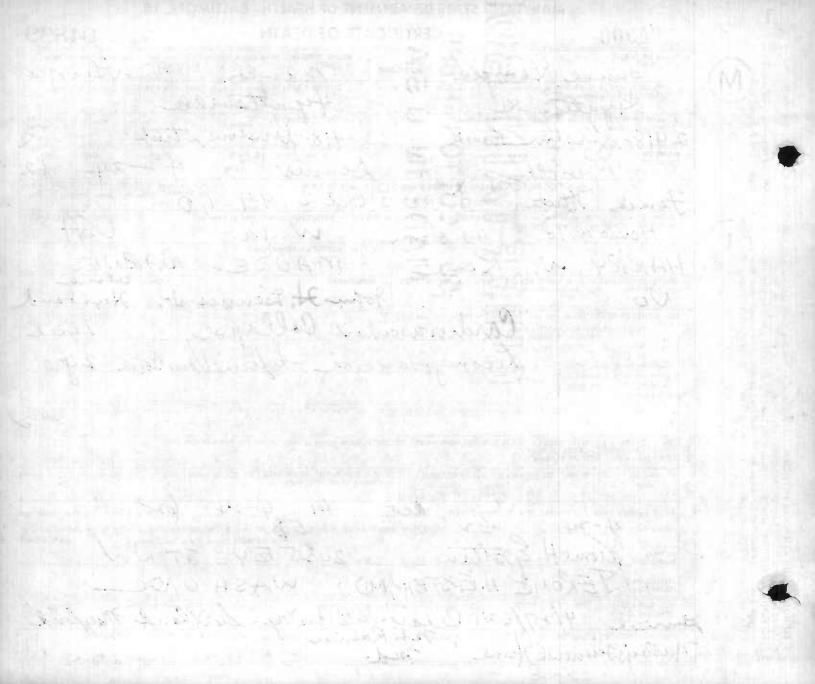
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//-		ITAL OR INSTITUTION (in		iva streat address)	d. STREET ADD				8. IS RESIDEN
3.	Prince Go NAME OF DECEASED (Type or print)	eorge's Gene First Baby	Girl (B	Middle	724-0	4. DAT		h De	YES NO [NO [NO [NO [NO [
	Female	6. COLOR OR RACE	7. MARRIED N	DIVORCED	1. DATE OF BIRTH		9. AGE (In years lest birthdey)	Months Deys	R IF UNDER 24 HR Hours Min.
13.	FATHER'S NAME Wheele	TION (Give kind of work orking life, even if retired to the control of the contro	1)	BUSINESS OR INDUSTI	14. MOTHER'S MA				OF WHAT COUNT
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1 Place Combat Company of the Company at the sub- beauties letters were not been the took and the sector illos ment to 20 to teet olsed onsoyy Wheeler Felithres HOLIET Some as above 23:5 Boal wall, affirmation of the Marian Collins - Articelore Habitation result of the same and the same

1 5	1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18					
. 9	7	04900 CERTIFICATE OF DEATH Reg. Dist. NO4899					
Page lirectar		1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY b. COUNTY b. COUNTY					
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D -		3. NAME OF DECEASED (Type or print) Lucille & Dennis DEATH Day Year 1962					
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sician. Seen si ransit	0	Iying cause lost. (c)					
The la phy has t rial-t mava		TES NO P					
20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) Con Contributing Cause of Death (If Either, Notify Medical Examiner)							
HYSIC ar att is certi		20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Haur a.m. p. m. 19 While Nat while of wark at work					
NG P spital fer th far , cre		21. I certify that I attended the deceased from act, 1961, to 4-74, 162, that I last sow the deceased					
R: Af		olive on 4-24, 1962, and that deoth accurred at 52 M, from the causes and on the date stated abave.					
R ATTE d by th RECTON be dete iar to b	,	ACTUAL SIGNATURE SUMMEH. ESSELLE M.D. 2025 EYE ST. N.V. DATE SIGNED					
faine faine AL Dii hauld trar pr		PHYSICIAN'S FEROME H. EPSTEIN, MI) WASH 6, De					
y be to une Kal		22a. BURIAL CREMATION, 22b. DATE THEREOF, 22c. DIAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, Jown, or county) (State)					
TO HOS Page the re	1	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A Rainal 240, OFC'D BY REGISTRAR'S SIGNATURE					
VS A15 (4) 15M 9/58		Malley Frencial Home ms. DATE APB 8 0 '62 Grilling & theme					
	E	Inc.					



Reg. Dist. No. 1900 CERTIFICATE OF DEATH with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Prince Georges a. COUNTY g. STATE filed MARYLAND Maryland Prince Georges Count b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Pe RURAL and give nearest town) ploods University Hills University Hills d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS 3415Sanford Banford Street YES | NO TX Street 3. NAME OF 4. DATE First Year Middle Lost Manth DEATH (Type or print) THEODORE 1962 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours WIDOWED | DIVORCED T Male popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stote or foreigh country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Accountant Clerical Marv 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) factory, street, office bldg., etc.) a. m. While Not while at work at work 19_62that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at_ __M, fram the causes and on the date stated above. ACTUAL SIGNATURE PHYSICIAN'S venue. Hyattsyille.Md CLUM 220. BURIAL CREMATION, 22b. DATE THERPOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) BEMOVAL (Specify) 12-8-61 of cong 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & Kings CO. Riverdale, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	b. CITY OR TOWN (If outside corporate lim			4	
4		its, wille C. LEINGIH OF SINT I	N 16 c. CITY OR TO	WN (If outside corporate limits, wri	ite RURAL and give nearest town)
	Forest Heights	7 yrs	15 Fc	rest Heights	
	d. NAME OF HOSPITAL (If not in hospital,	give street oddress)	d. STREET ADD	DRESS	e. IS RESIDENCE ON A FARM?
L	340 Cree Drive		340 (Cree Drive	YES NO X
3.	NAME OF FI	irst Middle	Last	4. DATE OF	Month Day Year
	(Type or print) ELIZA	AUGUSTA	DOWNS	DEATH Apr	
- 1	6. COLOR OR RACE	7. MARRIED NEVER MARRIE	8. DATE OF BIRTH	9. AGE (In ye	
	Female White	WIDOWED DIVORCED	□ February		yrs. Months Days Hours Min.
10	Oa. USUAL OCCUPATION (Give kind of work during most of working life, even if retired	done 10b. KIND OF BUSINESS OR	R INDUSTRY 11. BIRTHPLAC	E (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Housewife		Ma	rvland	USA
13	3. FATHER'S NAME		14. MOTHER'S M	AIDEN NAME	
	William Sween		EJ	Lizabeth Steve	ens
	5. WAS DECEASED EVER IN U. S. ARMED FOR		17. INFORMANT		Address
	No -	None	Howard F.I	lowns L.a.b.	of above
F	1B. CAUSE OF DEATH [Enter only one co	couse per line for (o), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:		mary 5	Humfres	ONSET AND DEATH
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1	20c. TIME OF INJURY Month, Doy, Ye Hour o.m. 19		20e. PLACE OF INJURY (Ho foctory, street, office b		(County) (State)
202	Hour o. m. p. m.	While Not while of work O	()	nog., e.c.)	
	21. I certify that (I) (this hospita	al) ottended the deceosed	from the	1960, to agrif	26, 1962 that (1) (we) lost
	saw the deceased affive on	1962, and	that death occurred	ot 2. M, from the couses	and on the date stoted above.
	220. SIGNATURE STEWNY	Halles	M.D. ATTENDING	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Tybe)	HADLEY !	MD 22d. ADDRESS		ve St Fu
10	23a. BURIAL, CREMATION, 23b DATE THEREG	OF 23c. NAME OF CEME	TERY OR CREMATORY	23d. LOCATION (City, to	
14	KEMEJYAL ISDECITY	4		D] - J b	M
-	Burial May 2,1	1962 Fort Li	ncoln	Bradensou	rg, Maryland

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LAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY Prince George s
b. CITY OR TOWN (if outside corporate limits, Prince George's MARYLAND Maryland c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest lown) write RURAL and give nearest town) Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Hillcrest Heights d. STREET ADDRESS State Prince George's General Hospital 26th. 5776 NAME OF DECEASED OF (Type or print) DEATH Klor 9. Age (It years) If UNDER TYEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdey) WIDOWED DIVORCED 45 yrs. White hould be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, 10 Office along with form PM3. Page 5. Office along with form PM3. Page 5 and 10b. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired) Ass t Machinist U.S. Govit. Indianna 14. MOTHER'S MAIDEN NAME MEDICAL EXAMINER: This certificate should be executed within 24 Julius Draheim Adeline Stallman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMAN (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) Yes W.W. 11 578-09-5679

18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] Rose Draheim Same as #2 removal, Office along PART I. DEATH WAS CAUSED BY: Vascular disease IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) "pending" geve rise to immediate cause DUE TO 35 (a), stating the underlying should be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION burial, execute the certificate, writing the word Id be forwarded to the Chief Medical E. 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 20c. TIME OF INJURY 20f. (City or town) Not While fectory, street, office bldg., etc.) While at work et work should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection 🛣 Inquiry T Natural causes death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER Jane C Van Ma ASSISTANT MEDICAL EXAMINER SIGNATURE. DEPUTY MEDICAL EXAMINER 0 PAUL C. NAME (Type) AN NATTA M. D. Add M. D. Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 I 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATUR

VR A15ME 5M 1/62

(County)

arthur & three

. IS RESIDENCE ON A FARM?

YES NO

Year

19 62 IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

INTERVAL BETWEEN

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) delay is necessary, ineral director. Page ned for your files. e. COUNTY 0 b. COUNTY Prince George & MARYLAND Maryland Prince George's c. CITY OR TOWN (If outside corporate limits, write RURAL end give negrety lown) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) College Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) lained State Prince George's General Hospital 53rd. 3. NAME OF DECEASED OF (Type or print) DEATH Joseph Dube Ernest with 1 may by the suithin 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months Days Oct. 11, WIDOWED [EULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after a execute the certificate, writing the word "pending" in pencil in Item 18, Give Pages 1, 2, arould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 in the CTOR: Page 3 should be used as a burial-transit permit. File pages and 2 Male DIVORCED Vrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Foreman MaintainenceW.S.S.C. Exter, New Hampshire U.S.A. Cleophus Dube Anna St. Jean 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 9719 (Yes, no, or unkown) | (If yas give war or dates of service) 003-01-9698Mrs.Louise E. Yes College Park, Dube. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). PART I. DEATH WAS CAUSED BY: MUCCARDIBL -NFARCTION IMMEDIATE CAUSE (a) DUE TO LOROWARY HETERY THRUMBUSH Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection I Inquiry death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER pino EXAMINER'S BOYD, NAME (Type) JAMES M.D. Address (Street, city, town, or county) 22a. BURIAL, CREMANIAN, 22c. NAME OF CEMETERY OF CREW COORY 22d. LOCATION (City, town, or country) XEMOVXL (Specify 0 040 Burial Arlington National Arlington, Virginia Arlingt .1962 23. FUNERAL DIRECTOR

Riverdale, Md.

e. IS RESIDENCE ON A FARM?

YES NO T

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IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES A.NO T

and in my opinion

DATE SIGNED

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1	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	04907 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04906
HEALTH DEPT.	1. PLACE OF DEATH e. COUNTY Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission as STATE country Maryland Prince George's c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
o dy or to to	write RURAL end give neerest town) Let Town (if outside corporate limits, write RURAL and give neerest town) Let Town (if outside corporate limits, write RURAL and give neerest town) Let Town (if outside corporate limits, write RURAL and give neerest town) Let Town (if outside corporate limits, write RURAL and give neerest town) Let Town (if outside corporate limits, write RURAL and give neerest town) Let Town (if outside corporate limits, write RURAL and give neerest town)
delay i	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Prince George's General Hospital P.O. Box 3303
any control of the function of	3. NAME OF First Middle Last 4. DATE Month Dey Yeer DECEASED OF
S to the be r th the the rafter	5. SEX 6. COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
and and 2 will ours	Male White WIDOWED DIVORCED SEP -1886 75 yrs. Months Deys Hours Min.
4 hours after Pages 1, 2, A3. Page 5 ages 1 and vithin 72 h	106. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stete or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDENDIAME
Give Pye	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 11. Address 2 000 SINO 17.
ed with four 18. with four ermit.	(Yes, no, or unkown) (If yes give we ror detes of service), William Henry Wale Forestuilly, Md
ld be execut o pencil in Its fice along v rial-transit p val, and in a	18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
icate shou ending" ir miner's Of ed as a bu	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lest. (b) DUE TO (c)
certification and ion	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{NO X} \)
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e, writin the Chie	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) While Not While at work of work in the pure of work in t
ICAL E certificate rded to ECTOR	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
MED forward forward a sted a	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DATE SIGNED
Xecut xecut be f ERAI signa	EXAMINER'S 4-3-62
lease should should rits de	NAME (Type) / Dr. James I. Boyd Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 4-7-1962 Washington Dational Suttand Manufactured
NS. AISME	23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9/60	W. W. CIVATICULA CO MINESAUCE, MILL DATE APR 6 '62 Cirilian S. Floria

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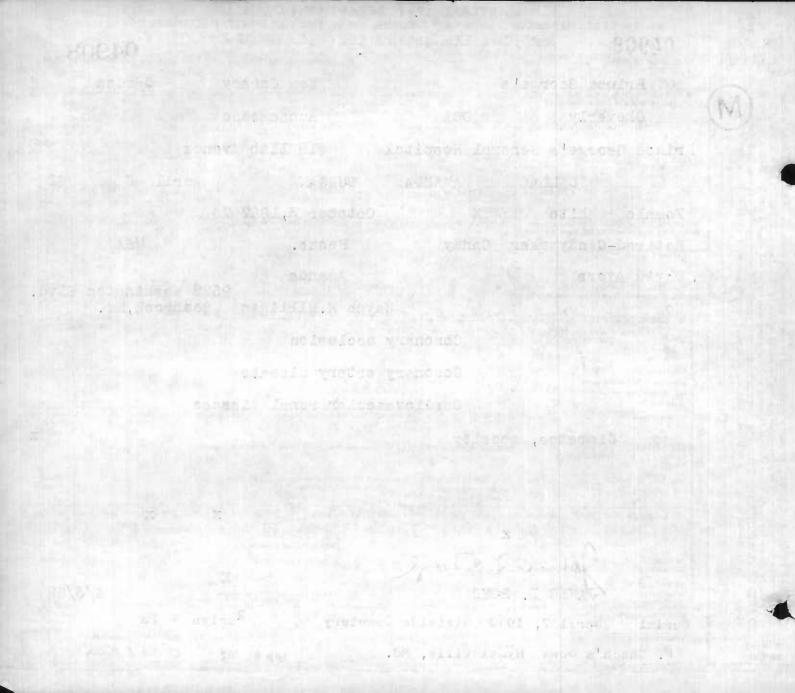
		Division of STATISTICAL RESEARCH AND RECOR	DS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		04908 MEDICAL EXAMINER	e's CERTIFICATE OF DEATH
HEALTH DEPT.	1.	PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where decreesed lived, If Institution: Rasidance before edmission)
Page lies.		Prince George's MARYLANI	a. STATE P. b. COUNTY
	-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1	The Care Care Care Care Care Care Care Car
SE ST NA		write RURAL end give nearest town)	C. C
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The state of the s		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
200		Prince George's General	YES LINO [
retained he State death.		NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
a e e		(Type or print) Joann J.	Duckett DEATH April 27, 1962
る(毛髪)	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
e s			last birthday) Months Days Hours Min.
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ange 72	do	one during most of working life, evan if retired)	M
- S-E	12	FATHER'S NAME	Maryland
PM3. P pages within	13.	T1 . D 11	14. MOTHER'S MAIDEN NAME
		John Trancis Dyckett	Matida Gray
	15. (Ya	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 as, no, or unknown) (Ifyasgivawerordetasofservice)	Address
with for			Motilda Gray- Brandywine, Md.
¥ € E		18. CAUSE OF DEATH [Enter only one causa per line for (e), (b), and (c).]	J INTERVAL BETWEEN
ong inshiri d ii		PART I. DEATH WAS CAUSED BY: Mente seri	our Broncho Prien moria Grand DEATH
e along l-transit l, and in		491X DUE TO	out state of the control of the
Office burial- noval,			man A Cont
		gava rise to immediata causa	Responding Infection Underson
Examiner's a used as a tion, or re		(a), stating the undarlying DUE TO	
= 0° -		causa last. (c)	
uld be use cremation,	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
emating (S	more ll	at Johnson YES NO I
crer	CERTIFI	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING []), (Entar nature of injury in Part I or Part II of item 18.)
र ल	CE	CAUSE OF DEATH. Natural C	auser.
buri	S		PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Sleta)
Pag	MEDICAL	Thou similar training the state of the state	fectory, street, office bldg., etc.)
O.R.	<	21. I certify that I took charge of the remains described above,	
		_^	
H S		death resulted from: Natural causes . Accident . Si	uicide, Homicide, Undetermined manner
DIRE od ege			CHIEF MEDICAL EXAMINER
L DIR		SIGNATURE Rouf EVan Walter	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
ag us		EXAMINER'S	DEPUTY MEDICAL EXAMINER X 5440 Silver Hill Rd., S.
PE &		NAME (Type) Paul C. Van Natta	Address (Streat, city, town, or county Washington D.C.
should be to FUNERAL its designate	22e	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or country) (Stete)
400	1	Burial 4/28/62 Holynist	Church Brandy wine. Md.
H Q I		FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
AISME A		of the state of th	Mal DATE WAY 2 '62 Cirling & Three
M 9/60	2	resign meren uguares	MICH I DAIR
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MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S y is necessary, and director, Page 2 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Resid e. COUNTY b. COUNTY Prince George s Camden MARYLAND New Jersey c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearast town) write RURAL end give nearest town) for your Runnemeade d. NAME OF HOSPITAL OR INSTITUTION (il not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? to the funeral YES NO TO be retained State Prince 3. NAME OF George's General Hospital #19 llth OF DECEASED (Type or print) DEATH AMANDA 9. AGE (in years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. last birthday) Months | Days WIDOWED Y DIVORCED October 3, 1887 74 Female 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY in Item 18. Give Pages 1, 2 and with form PM3. Page done during most of working life, even if retirad) File pages 1 Retired-Candymaker
13. FATHER'S NAME Candy USA Penns. 14. MOTHER'S MAIDEN NAME David Ayers Amanda 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 9522 Washington Blvd. permit. (Yes, no, or unkown) | (If yas give war or dates of service) 's Office along with a burial-transit permi Wayne M. Milligan Seabrook, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Chronery occlusion IMMEDIATE CAUSE (a) DUE TO bluods et Coronary artery disease Conditions, if any, which (b) cremation, pending" gava risa to immediate cause DUE TO Examiner (a), stating the undarlying 3 should be used cause last. Cardiovascular renal disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION writing the word "
Chief Medical Ex PERFORMED? NO 3 Diabetes, Obesity
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Item IB.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 1 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer factory, streat, office bfdg., etc.) Whila Not While at work at work se execute the certificate, ould be forwarded to the be forwarded to the RAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X and in my opinion Undetermined manner Natural causes Accident Suicide Homicide death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER X 5 EXAMINER'S NAME (Typa) AMES Address (Straet, city, town, or county) 22d. LOCATION (City, town, or country) 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 225. DATE THEREOF REMOVAL (Specify) Roslyn Hillside Cemetery Mpril 7, 1962 Burial ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VR A15ME arthur S. Kraus F. Gasch's Sons Hyattsville, Md. 5M 1/62 DATE APR 6

STATE DEPARTMENT OF HEALTH



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Resi e. COUNTY b. COUNTY Prince George's Maryland George's MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. write RURAL and give nearest town) Cheverly

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Friendly e. IS RESIDENCE ON A FARM? YES NO George's General Hospital Prince 8390 Old Fort DATE DECEASED OF (Type or print) DEATH Edelin AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 2 vari last birthday) Months Days Female DIVORCED September 10.78 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired District of Columbia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Mary Brawner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 723 Gresham Place NW (Yas, no, or unkown) | (If yes give war or dates of service) Gertrude Blackman Washington . D.C. no none 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute pulmonary & Edema DUE TO Conditions, if any, which Congestive heart failure gave rise to immediate cause DUE TO (a), stating the underlying Cardiovascular renal disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY e certificate, writing the word "I arded to the Chief Medical Exz RECTOR: Page 3 should be ui ignafed agent, prior to burial, o CERTIFICATION PERFORMED? NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Y Inquiry X and in my opinion death resulted from: Natural causes 7. Suicide Undetermined manner Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) Ples 4 show O FUN Health 22a, BURIAL, CREMATION. 22b 22d. LOCATION (City, town, or country) VR A15ME 5M 1/62 Orthun S. Kraus

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last birthday) Months 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Louise Horman Address Hospital Records INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY PERFORMED! NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20f. (City or town) (County) (Stete) 22b. DATE 4-8-62 6124 Central A ve., Capitol Heights, Md. 23d. LOCATION (City, town or county) (Stete) ery Prince Georges, County, MD. DATE APR 1 1 '62 Comment & Mises

b. COUNTY

April

9. AGE (In years | IF UNDER 1 YEAR

Prince Georges

8

IS RESIDENCE ON A FARM? YES NO

Year

1962

IF UNDER 24 HRS.

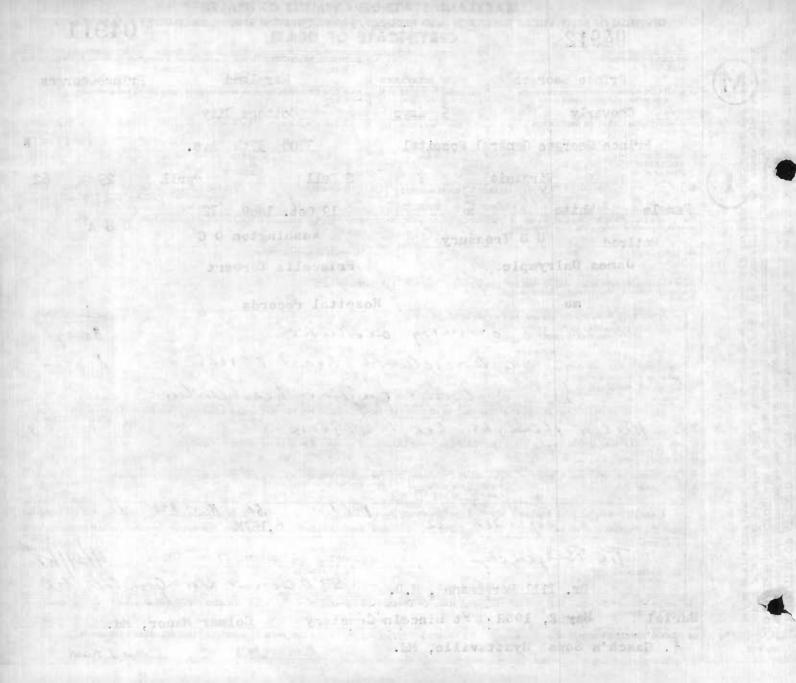
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7 - 10 PARTERIES TALE W.Commonth . The Street of Land Street In law Carene SHALL MENULA . . (ence) dans'int miracle spiral populari ghesyns . I sausi coron Indicac Burisl wilder to tincion Countary Frince Coorges, County, M. Samuel State of the State of the same

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before edmission)
a. COUNTY	e. STATE b. COUNTY
Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	Maryland PrinceGeorges c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearast town)
writa RURAL end give nearest town)	C. CITT ON TOWN (II ourside corporate minus, with Konne and give median form)
Cheverly 5 days	47 Cottage City
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Drings Coorses Conord Hamitel	VEST NO IN
Prince Georges General Hospital 3. NAME OF Right Middle	Last 4. DATE Month Day Year
DECEASED	OF
(Typa or print) Virginia T	K Fell DEATH April 29 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
The second secon	last birthday) Months Days Hours Min.
Female White WIDOWED DIVORCED	19 OCT 1009 12
done during most of working life, evan if retired)	USA
Retired U S Treasury	Washington D C
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Dalrymple	Priscella Torbert
	INFORMANT Addrass
(Yas, no, or unkown) (Ifyesgivewarordatasofsarvice)	INFORMAL A001833
no H	Hospital records
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTÉRVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ee lu sor 3 clary
IMMEDIATE CAUSE (a)	Joseph
420,0 DUE TO	1 1 1 2/242
Conditions, if any, which \ (b) and ken or decrease	he hear observe & years
gava rise to immadieta causa DUE TO	
(a), stating the underlying cause last.	or jest or hear & few turn
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
0	PERFORMED?
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E 200 ACCIDENT WAS LINDERLYING TO 1 206 DESCRIBE HOW INJURY OCCURE	D. (Entar natura of injury In Part I or Part II of item 1B.)
OR CONTRIBUTING CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, form, † 20f. (City or town) (County) (Stata)
	ctory, street, office bldg., etc.)
p.m. 19 at work et work	
21 I cortify that (I) (this hospital) attended the deceased from	DC/1.11 , 1966, to MIN 2961 , 1964, that (I) (we) las
About 28th 1062	at death occured at
	if death occured at.M. Ampliform the causes and on the date stated above
22a. SIGNATURE	ATTENDING MED. STAFF SIGNED
Tih Berjemour	M.D. PHYS. DIRECTOR PHYS. 4/29/67
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Typa) Dr. Till Bergemann . M.D.	53 A Crescest Rosa Greabell M.D
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or county) (State)
Burial May 2, 1962 Ft Lincoln	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville, Md.	DATE MAY 1 102 Outling & Kraus
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY Maryland Prince Georges Prince Georges MARYLAND b. CITY OR TOWN (if outside corporete limits, director. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) Mitchellsville 5 days Chever ly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE Boa ON A FARM? Prince Georges General Hospital Rt. 1 Box 68 YES IN NO 3. NAME OF Middle Last 4. DATE Month DECEASED (Type or print) DEATH 24 62 Shirley Mae Harley Ford April 19 with 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH IF UNDER 24 HRS 9. AGE (In years | IF UNDER 1 YEAR last birthdey) Months DIVORCED WIDOWED 2-2-56 Female 1De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stell or foreign country) 12. CITIZEN OF WHAT COUNTRY? ve Pages 1, 2 PM3. Page 12 al done during most of working tife, even if retired) U.S.A. Prince George Co. Md. pages | within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Harlev Francis Proctor Maryland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) | (Ifyes give war or detes of service) along with farmit Elizabeth Ford - Rt.1- Box 68 Mitchellville 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Toplema Siconday Infections "pending" in pencil ii xaminer's Office alon used as a burial-trans IMMEDIATE CAUSE (a) DUE TO (b) Malliple and extensive Burns abolfoly 5 da Conditions, if any, which geve rise to immediate cause word "pen-DUE TO (a), stetling the underlying used ion, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION Medical Ex should be PERFORMED? NO 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Pert I or Part II of item 18.) age 3 burial, CAUSE OF DEATH. asse execute the certificate, writing should be forwarded to the Chief Pruneral DIRECTOR: Page 3 s MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) fectory, street, office bldg., etc.) Not While at work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection / Inquiry and in my opinion Natural causes Suicide death resulted from: Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL designated ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) / M Gen C 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, towb, or country) DE REMOVAL (Specify) Holy Family Catholic Mitchellsville- Md. Q40 9 Burial 24a. REC'D BY REGISTRAR J 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTO VS. A15ME arthur S. Krous DATE MAY 2 '62 Charles L. Hang 111 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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b. CITY OR TOWN (if outside corporate limits, County ARYLAND c. CITY OR TOWN If outside co Prince Georges outside corporate limits, write RURAL end give neares write RURAL end give nearest town) Lanham . IS RESIDENCE ON A FARM? YES NO Prince Georges General Hospital Box 363 DECEASED (Typa or print) DEATH IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In Years last birthday) Months Days Nov. 22, 1959 2 STRY 11. BIRTHPLACE (Stelle or foreign country) DIVORCED within 24 hours after 18. Give Pages 1, 2, or form PM3. Page 5 1De. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done during most of working life, evan if ratirad) Child Child U.S.A. Cheverly Maryland JIY MEDICAL EXAMINER: This certificate should be executed within 24 Dorothy Alexander Vernon Monroe Fowler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yas, no, or unkown) | (Ifyas give war or datas of service) Office along with Lanham Md. NO NONE NONE NONE

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Prince Georges County

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Maryland - Prince George

Cheverly D.O.A.

Prince Georges General Hospital Box 365

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ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) . COUNTY b. COUNTY by the and 2 Prince George's MARYLAND Maryland Prince George's
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MARYLAND STATE DEPARTMENT OF HEALTH

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death To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect within 24 hours after death Tage 4 may be retained by the hospital or attending physician.

TO FOLERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled by the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 7/61

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Hour e.m. 19 — st work factory, street, office bldg., atc.) 21. I certify that (I) (this hospital) attended the deceased from October 11., 1861 to A pril 7., 1962, that (I) (We) saw the daceasad aliva on March 27. 19.62, and that death occured at AM, from the causes and on the date stated ab 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Walcutt W. Gibson, M.D. 22c. PHYSICIAN'S NAME (Type) Walcutt W. Gibson, M.D. 23d. ADDRESS 4340 St. Barnabas Road, Washington 21, I Suitland, Md. EMOVAL (Specify) 4-10-62 Cedar 111 Suitland, Md. EMOVAL (Specify) ADDRESS 25b. REC'D BY REGISTRAR'S SIGNATURE					
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d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, Hyattsville #d. STREET ADDRESS S RESIDENCE ON A FARM? Prince George's General Hospital 4013 Longfellow Street YES NO 3. NAME OF 4. DATE Dev DECEASED (Type or print) DEATH Gottley Sidney 9. AGE (In yeers IF UNDER 1 YEAR last birthdey) Months Deys 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male WIDOWED . DIVORCED VIS. IDe. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. U.S. Govit. Metallurgist New Jersey 14. MOTHER'S MAIDEN NAME Aaron Gottley
WAS DECEASE EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Rockville, Md. (Yes, no, or unkown) | (If yes give war or detes of service) Norval Eugene Jones, 209 Bradley Ave. Unknown PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Reute Canonary Celuseum ONSETAND DEATH Caronary Vascular That Disease unknow geve rise to Immediate cause DUE TO (a), steting the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 19. WAS AUTOPSY CERTIFICATION burial PERFORMED? pluods NO T 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Perl I or Part II of item 18.) PRIMARY | or CONTRIBUTING | Chief / CAUSE OF DEATH. 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While Hour am et work et work 21. I certify that I took charge of the remains described above, held an Autopsy | , Inspection | XI. Inquiry X and in my opinion death resulted from: Natural causes | . Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER SIGNATURE SERVICE Van Walt FUNERAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER 4/26/62 EXAMINER'S Paul C. Van Natta, M.D. Addr. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) 4/28/1962 Burial Fort Lincoln Cemetery Prince Georges County, Md.
ADDRESS | 24e. REC'D BY REGISTRAR' 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR The S.H. Hines Co.-2901 14th St., N.W. DATE APR 3 0 '62 Cirthung & Krous Washington 9.D.C.

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MICH LOUGH THE REAL PROPERTY.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral within 24 hours after PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTrince George Maryland Prince George by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) weite RURAL and give neerest town) 10 Days Hyattsville .5 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 6719 Fairwood Road Prince George General Hospital YES NO 3. NAME OF 4. DATE Dev Middle Month Year DECEASED Rosie Graham 10 A pr. 62 DEATH (Type or print) 19 c and con 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (in years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH last highday) Months Davs Hours Female White May 5.1878 WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Housewife At Home Virginia USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Harrison Not Obtainable 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Same as that the (Yes, no, or unkown) | (Ifyesgive war or detes of service) above Mrs. Mrs. Elsie Van Alstyne 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? NO V CERTIFIC, 20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II) of item 18.) OF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) Month, Dev. Yeer factory, street, office bldg., etc.) Hour e.m. While Not While at work et work, that (I) (val) last and that death occurred at the from the causes and on the date stated above. saw the deceased alive on...... 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN 23a. BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) P d REMOVAL (Specify) 0 Methodist Protestant Burial 13 April 62 Alexandria, Virginia 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS Alex. Va. Home.Inc. 15M 7/61 APR 1 3 '62 Cameron & Alfred Stspare Circling & Kross

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ICAL EXAMINER . PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed livad, If institution: Residence before edmission) Prince George's e. STATE b. COUNTY MARYLAND corporate limits, write RURAL and give nearest tower !s b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 director. r your write RURAL and give nearest town) Cheverly Landover Hills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? Prince George's General Hospital YES NO 3. NAME OF Month DECEASED OF (Typa or print) DEATH 19 62 Grimshaw RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS last birthdey) Months Male I within 24 hours after of 18. Give Pages 1, 2, an h form PM3. Page 5 m mit. File pages 1 and 2 and in an event within WIDOWED [YES. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if ratired ARU Maryland None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Janet Landgraf Charles Gerald Grimshaw 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) ! (Ifyes giva wer or dates of service) Charles Gerald Grimshaw, same as executed v none no 18. CAUSE OF DEATH [Enter only one couse par line for (e), (b), and (c).) INTERVAL BETWEEN Office along ONSET AND DEATH PART I. DEATH WAS CAUSED BY Hemorrhage and shock IMMEDIATE CAUSE (a) should be DUE TO 0 Conditions, if any, which Compaond fracture of the skull (b) d "pending" i Examiner's C gave risa to immadiate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY writing the word 'e Chief Medical Ex Page 3 should be ut, prior to burial. PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II) of item 18.) PRIMARY CONTRIBUTING CAUSE OF DEATH. in front of a saked parked truck on road Ran Trom to the cr. 20c. TIME OF INJURY (State) tactory, straat, offica bldg., etc.) Not While G. Ma Landover et work at work Road 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection ... Inquiry and in my opinion death resulted from: Natural causes Suicide Homicide Undetermined manner Accident ACTUAL should be for DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER April 17, 1962 o EXAMINER'S NAME (Type) Addrass (Straet, city, town, or county) Ple should Health ames NAME OF CEMETERY OR CREMATORY 22a. BURIAL, GREMATION 22d. LOCATION (City, town, or country) 4/20/62 REMOTATE (Specify)= Ft.Lincoln Cemetery Pr. Georges Co. . Maryland Burial 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VR A15ME 14th St. N.W. arthur S. Krays 5M 1/62 DATE

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND GOORGE funerol c. LENGTH OF STAY IN 1b c. CITY OR TOWN (outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write Pe RURAL and give nearest tawn) should 1 ATTOVILL d. NAME OF HOSPITAL (If not in haspital, give street address d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 0 _= NAME OF First Middle 4. DATE Month Day Year Last DECEASED ed OF (Type or print) DEATH APRIL 1962 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years MARRIED NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work,dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired pan 72 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME within COL physicion 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address Bu au INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Haur o. m. While Not while at work at work p. m RESEN 19 21. I certify that (I) (this hospital) attended the deceased from..... 19.601. to _, that (1) (we) lost 2/19 62 and that death accurred dP30PM, from the couses and on the date stated above sow the deceased alive on All CTOR: 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. MED. M.D. PHYS. Tau 22c. PHYSICIAN'S 22d. ADDRESS 10 NAME (Type) 23a. BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNAL 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Ciring S. Firmes 1SM 9/59

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Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY Page COUNTY o Maryland Prince George's MARYLAND Prince George ITY OR TOWN (if outside corporete write RURAL end give neerest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) Glendale
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Glendale d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Marguerite Ave/.Glendale Marguerite Ave., Off Glendale Rd. TO 4. DATE DECEASED (Type or print) DEATH 62 Douglas Nesbet 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS ge 5 may band 2 with within 72 last birthdey) Months Devs WIDOWED DIVORCED Male 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stele or foreign country) 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page purial-transit permit. File pages 1 an or removal, and in any overt wi done during most of working life, even if retired Supply Clerk les So. Carolina Barry Industries U.S.A. Stephen Osgood Haselden Ros

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Rosa Lee Marlow (Yes, no, or unkown) | (If yes give wer or detes of service) Office along with No 317-01-68 Mary Eleanor Haselden Same as 18. CAUSE OF DEATH [Enter only one course per line for (e), (b), end (c).] INTERVAL BETWEEN burial-transit ONSET AND DEATH I. DEATH WAS CAUSED BY ARBON MONUXIDE IMMEDIATE CAUSE (e) DUE TO to execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's CFUNERAL DIRECTOR: Page 3 should be used as a b gave rise to immediata cause DUF TO (e), steting the underlying cause lest PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY PERFORMED? NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) prior to PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Page Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While et work et work RESIDENCE Glendale Maryland. 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X. and in my opinion death resulted from: Natural causes Suicide 1/ Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER Pank C Van Walt ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE . DEPUTY MEDICAL EXAMINER 6 PAUL C. VAN NATTA, M.D. Address (Street, city, fown, or county) NAME (Type) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CHEN ACTION 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) Glendale, Md. Burial April 27, 1962 St Georges Episcopal 23. FUNERAL DIRECTOR arthur & Krous VR A15ME F. Gasch's Sons Hyattsville Md. 5M 1/62 DATE

STATE DEPARTMENT OF HEALTH

EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours a

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PATH C. VAN HATTA, M.D.

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LESSON TOLERONS

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) e. COUNTY b. COUNTY Prince George's Prince George's MARYLAND Maryland Prince George c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown) b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 write RURAL end give neerest town! District Heights D.C.A.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Parkland
d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X District Heights Medical Center 112 Druid 3. NAME OF 4. DATE Month OF (Type or print) DEATH 62 This certificate should be executed within 24 hours after death. 9 word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to dical Examiner's Office along with form PM3. Page 5 may be old be used as a burial-transit permit. File pages 1 and 2 with the used as a burial-transit permit. AGE (In years | IF UNDER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED UNDER 24 HRS 8. DATE OF BIRTH last birthdey) Months Deys WIDOWED X DIVORCED Male June 1910 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired? Laborer Construction U.S.A. 14. MOTHER'S MAIDEN NAME Ray Eugene Haudenshild Grace Sohn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Parkland, Md. (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) 276-03-8968 Mary Kirkwood, 112 Druid Place 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] TERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: Acute congestive heart failure IMMEDIATE CAUSE (e) DUE TO Cardiovascular renal disease. Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (State) lactory, street, office bldg., etc.) Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Inquiry Natural causes death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED or its SIGNATURE DEPUTY MEDICAL EXAMINER 4/16/62 EXAMINER'S BOYD, M.D. NAME (Type) Address (Street, city, town, or county) 4 show O FUN Health 22c. NAME OF CEMETERY OR CREMATORY 22e. BURIAL, CREMATION, REMOVAL (Specify) - 1962 GREENLAWN CEMETERY Duria 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME arthur & House 5M 1/62

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W. PRESTON STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) PLACE OF DEATH a. COUNTY Prince George's COUNTY Waryland Prince George's MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate timits, write RURAL end give neerest town) write RURAL and give nearest town) Glen Arden .57 12 hours filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8627 Johnson Avenue Prince George's General Hospital YES NO completely 3. NAME OF First 4. DATE DECEASED OF (Type or print) Sarah Hawkins DEATH April 6 19 62 and cor with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. Months Deys Hours 6-27-1893 Colored WIDOWED Female DIVORCED evenly 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during/most of working life / even if retired) es, no, or unkown) | (Ifyesgive wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO inscheratie Heart Disease Conditions, if eny, which gove rise to immediate couse DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 (State) Month, Day, Yeer 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from 4-61962 to 4-6 19.62 that (I) (we) last 19.62, and that death occured e1320.M, from the causes and on the date stated above. saw the deceased elive on. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. 1962 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 6124 Central Ave., Capitol Heights, Md. Peter Duus. M.D. 230. BURIAL, CREMATION, 23b. DATE THEREOF 23 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City town or county) (Stete) REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) OHNSOS NJENKINS 15M 7/61

death certificate be

ARYLAND STATE DEPARTMENT OF HEALTH

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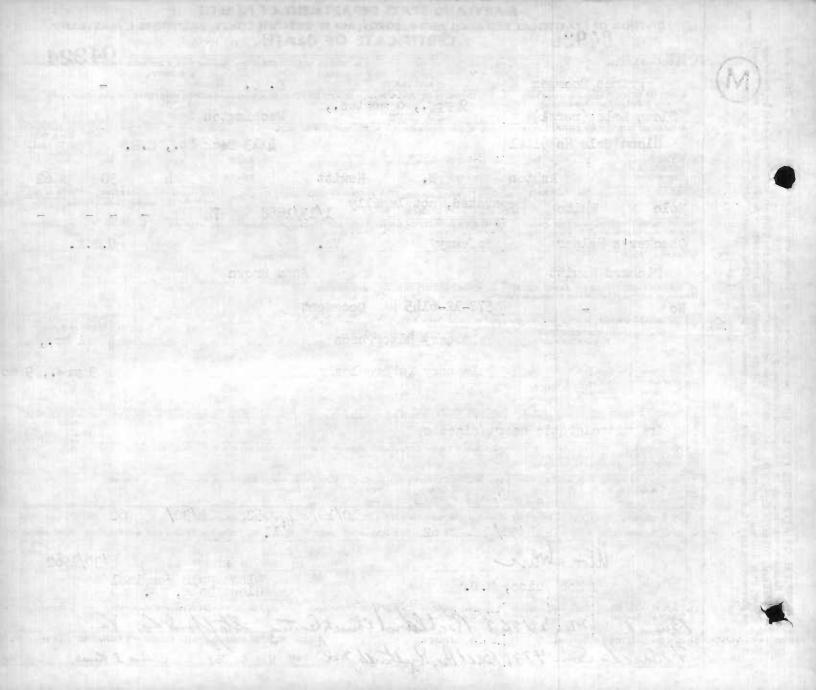
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

							1400	4
1. PLACE OF DEAT	гн		2. USUAL RESID	ENCE (Where			idence beton	edinission)
975 4	nce Georges	MARYLAND	e. STATE	D. C.	b. COU	AIA	-	6
b. CITY OR TOWN	(if outside corporate limits.	c. LENGTH OF STAY, IN 16			porata fimits, writ	a RURAL and g	ive nearast to	wn)
	nd give nearest town)	9 yrs. 6 mo	nths.,	Machine	4	40	14.2	
	ale (rural)	In hospital, give street address)	d. STREET ADDRI	Washing	LOU	7	1 0. 15 1	RESIDENCE
	Dale Hospital	in nespital, give shedi addiess)	G. STREET ADDRES		- al- C+	0 0	ON	A FARM?
					eck St.,		1	NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Mont	h I	Dey Yes	BF.
(Type or print)	Ashton		Hewitt	DEAT	н)	3	30 19	62
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	DATE OF BIRTH		9. AGE (In years			R 24 HRS.
Male	Trhat Se	parated, not lega	1/13/1	888	[7], yrs.	Months De	ys Hours	Min.
10a. USUAL OCCUPA	TION (Give kind of work	106. KIND OF BUSINESS OR INDUST		County & State, of	14	12. CITIZE	N OF WHAT	COUNTRY
	vorking tife, even if retired)						T C A	
Checker's	g uerber.	Safeway	Va •	SENI NIA ME			J.S.A.	
	. 3 - 17 2 4 4 4							
	rd Hewitt			na Brown				
(Yes, no, or unkown)	VER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO. 17.	INFORMANT		Addres	3		
No	p=0	577-12-6145	Decedent					
18. CAUSE OF	DEATH [Enter only one cau	se per line for (e), (b), end (c).]				1	INTERVAL BE	
PART I. DEA	TH WAS CAUSED BY:	Pulmonary hemor	rhaga				ONSET AND	
000	IMMEDIATE CAUSE (e)	Turmonary memor.	inage					r.,
0000.	DUE TO							
Conditions, if ea		Pulmonary tuber	culosis				9 yrs	30, 9
(e), stating the	DILL TO							
cause last.	(c)							
Z PART II. OTH		IS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TEL	RMINAL DISEAS	CONDITION GI	VEN IN PART 1		AUTOPSY ORMED?
Arteri 20a. Accident OF CONTRIBUTION OF EITHER, NOTIF	osclerotic he	art disease					YES -	NO T
20a. ACCIDENT	WAS UNDERLYING 20	b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury	In Part I or Pert	II of item 18.)		1 5-1	
OR CONTRIBUTION	G CAUSE OF DEATH							
		20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home,	fram 1 206 /C	ity or town)	(County	()	(Stete)
20c. TIME OF IN.		While Not While fac	tory, street, office bldg.,		ily of fown;	(County	')	(21919)
P.111		et work at work		1				
21. I certify	that (I) (this hospital)	attended the deceased from.	10/10/	, 1252, h	1/30/	, 1962	., that (1)	(we) las
saw the dece	ased alive on 1/3	0/19.62., and that	death occured a	t.A. M. fro	m the causes	and on the	date state	d above
22e. SIGNATURE								b. DATE
	thre Wess		ATTENDING PHYS.	MED. DIRECTOR		4	/30/19	62 SIGNE
22c. PHYSICIAN' NAME (Typ		, M.D.	22d. ADDRESS	Clen Glen	n Dale H	ospital Md•		
23a. BURIAL, CREMA	7-1 - 10	1 h D. 101 1	00 10	- 1	CATION (City, to	wn or county)	/	Stete)
Miss		6d / scholand	Church Cemel		afford	Ro, 1	A. A. THAT	
24 FUNERAL DIRECTO	SIGNATURE	ADDRESS	/ 25a.	RECOD BY REGI	25b. RE	GISTRAR'S SIG	NATURE	
T. Jack	ki Dom 473	1 Bald His Knothers	lle moki DATE	MAY 4	'62	arthur S.	King	

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			DIVISION	OF STATISTICA	L RESEARC	H AND RECOR	DS, 301 W. PR	ESTON ST	REET, BALTIM	ORE 1, MAI	RYLAND
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hour the sand 2 death			Prince Co. city or town (ieorge S if outside corporate limit I give neerest town)	s, c. L	MARYLAND ENGTH OF STAY IN 16	Maryl c. city or to	and IWN (If outside	eorporate limits, write	RURAL end give	neerest town)
in b	77		Cheverly	give neerest town)	8	days	5/ W. HV	attsvil	le		
ithir lled age 's af			I. NAME OF HOSPI	TAL OR INSTITUTION (f not in hospital, g	give street address)	d. STREET ADE				e. IS RESIDENCE ON A FARM?
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d co		5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
te b car			Female	White	WIDOWED X	DIVORCED _	March 17	. 1887	75 yrs.	Months Days	Hours Min.
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PHYS the ho this ce of for u		CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	2Db. DESCRIBE	HOW INJURY OCCUR	D. (Enter nature of inj	ury in Part I or P	art II of item 18.)		
of Hea		MEDICAL	20c. TIME OF INJU	JRY Month, Day, Ye	Whileh	Not While fa	ACE OF INJURY (Homedony, street, office bld		(City or town)	(County)	(State)
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R RE			saw the decea	sed alive on		162 , and th	at death occured	alla.LLM,	from the causes	and on the c	22b. DATE
3 s he			22a. SIGNATURE	1/0: K	1	00	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		SIGNED
FAIL ALL th			22c. PHYSICIAN'S	ACC /	. 03	~	M.D. PHYS. L.	-		nnapolis	Rd.
Pa WE			NAME (Type		(it Lee			P.4.	And-	am, Maryl	
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MARYLAND STATE DEPARTMENT OF HEALTH

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PYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH** AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04928 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Prince Georges Prince Georges in by the f s 1 and 2 s ter death, MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give pearest town Chevarly 2 hours Maryland Park d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? PrinceGeorges General Hospital 6523 Coolidge Street YES NO X 3. NAME OF 4. DATE Year DECEASED William DEATH (Type or print) Hogue Sr. 19 April 9. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF LINDER 24 HRS last birthday) Months Hours Mala 28 Oct. 1889 WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Retired CARPENTER 13. FATHER'S NAME please HUTCHINSON LIGLIAN 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction (Lower left ventricle) DUE TO Conditions, if any, which Left coronary arteriosclerotic occlusion gave rise to immediate cause. DUE TO (a), stating the underlying Pulmonary edema, bilateral PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) 2Da. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20e, PLACE OF INJURY (Home, farm, (Stete) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED I 2Df. (City or town) (County) factory, street, office bldg., etc.) While Not While at work [et work 21. I certify that (I) (this hospital) attended the deceased from April 21, 1962 to April 21, 1962, that (I) (we) last 22e. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. 22d. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION [City, town or county] 236. BURIAL, CREMATION, 236. DATE THEREOF di. 0 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE APR 2 5 '62

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, If Institution; Residence before admission) a. COUNTY marylandcounty MARYLAND Washington. Prince George's
b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give press) c. LENGTH OF STAY IN 16 by write RURAL and give neerest town) -Cheverly 10 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE d. STREET ADDRESS ON A FARM? 513-68th Place (Seat Pleasant YES NO Prince George's General Hospital 3. NAME OF DATE Month DECEASED OF (Type or print) Clifford DEATH Hooker 19 62 April 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) and Months Days Male White WIDOWED T DIVORCED T physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) please 13. FATHER'S NAME MOTHER'S MAIDEN NAME 2 attending I Then please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. (Yes, no, or unkown) | (Ifyas give wer or datas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), steting the underlying WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION as PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, (Stete) 20f. (City or town) Month, Dey, Year (County) factory, street, office bldg., etc.) While Not While MEDI Hour e.m. at work | et work, 19....., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. 4/23 1962, and that death occurred al.Q. O0, from the causes and on the date stated above. 22b. DATE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Greig St., Seat Pleasant, Maryland 7016 Max M. Herzberg 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, | 23b. 23d, LOCATION (City, town or county) (State) REMOVAL (Specify) acrica 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A1S (4) 15M 7/61 arthur & Times

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions a. COUNTY b. COUNTY Brince George County by the MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Years Washington D.C. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Manor Hy 2700 Conn. YES NO V Ave 3. NAME OF Middle 4. DATE Month Day Year DECEASED OF Josephine Horigan (Type or print) Sarah DEATH 19 62 April 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months Hours F WIDOWED D DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Wahington USA Housewif attending pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME C T. Clements James Sarah Jett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, Re) or unkown) (Ifyes give war or dates of service) Sister Agnes Patricia Carroll Manor 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: at alea IMMEDIATE CAUSE (e DUE TO Conditions, if eny, which (1) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? 98 NO T 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d. INJURY O'SCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) Month, Dey, Yeer factory, street, office bldg., etc.) While Not WHY Hour e.m. at work n.m 21. I certify that (I) (this hospital) attended the deceased from.... saw the deceased alive on.... 22b. DATE 22a. SIGNATURE ATTENDING MED STAFF SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a, BURIAL, CREMATION, 23b, DATE THEREOF REMOVAL SPECKY Holy Rood Cemetery Washington D.C. 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) Commy L. Tirans 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

.b.o worlden Whantigton D.d. Carroll Manor Mid-Codding - Cod Court Mid Money Cloure 1 (VBC ... 30 - 35.) Well of a south the world 10 July Williams Secretary (Secretary () as the second secretary - 12 Mar All The State of the S LOUIS A STRATE OF THE K STILL THE MILE STATE SCLOPEROD SEMEDING TO SEE ASSOCIATION 24. Bone. Reloc 2224-11 March 21/4 CHESTER

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If institution, Residence before edmission) e. COUNTY b. COUNTY by the MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Was VITLON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO 302 HOME Dabers. Day NAME OF Yeer DECEASED (Type or print) DEATH 1962 reers | IF UNDER 1 YEAR S. SEX AGE (In IF UNDER 24 HRS. MARRIED NEVER MARRIED last birthday) Months Davs Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) HOUSE 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. emoval. Wes, no. or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO descending Colm Conditions, if eny, which gave rise to immediate cause DUE TO (a), steting the underlying cause lest PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION 35 PERFORMED? NO 20e. ACCIDENT WAS UNDERLYING 🗌 | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL (Stete) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work et work April 21, 19.6.2 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from....... to.. 19.6.2, and that death occured at A.A.M., from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING MED. STAFF SIGNED DIRECTOR PHYS. PHYS. M.D 22d. ADDRESS 22c. PHYSICIAN' NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY (Stete) 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR ATS (4) arthur & Krayer 1SM 7/61 DATE

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DEPARTMENT OF HEALTH

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) . COUNTY Page o. STATMaryland b. COUNT Prince George's Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) Cheverly DOA Bowie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 10th and Zug Road Prince George's General Hospital YES NO 3. NAME OF 4. DATE Month Day DECEASED with the 72 hours (Type or print) Virginia DEATH Hazel Howard 18 April 19 pe 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 2 with last birthday) Months 1, 2, and ge 5 mad 2 vithin Female Dec. 25, 1902 WIDOWED DIVORCED MEDICAL EXAMINER: This certificate should be executed within 24 hours after to the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, a forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 to the Chief Medical Examiner's Office along with form PM3. Page 5 to the contract of the Chief Medical Examiner's Office along with form PM3. 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) House wife Own Home Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Oden Howard Dugan Rosena Watts 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Office along with for burial-transit permit. (Yes, no, or unkown) | (If yes give war or dates of service) Lewis Everett Howard, same as No None 1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO 0 Coronary heart disease Conditions, if any, which (b) kecute the certificate, writing the word "pending" be forwarded to the Chief Medical Examiner's IRAL DIRECTOR: Page 3 should be used as a rits designated egent, prior to burial, cremation gave rise to immediate cause DUE TO (a), stating the underlying Cardiovascular PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Diabetes of long standing NO K 20a. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Month, Dev. Yeer 2Df. (City or town) (County) (Stete) factory, street, office bldg., etc.) Hour a.m. While Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy | , Inspection Inquiry 3 and in my opinion death resulted from Natural causes Suicide Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL FUNERAL 1 ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER April 18, 1962 6 Boyd ames NAME (Type) Address (Street, city, town, or county) A Share O FUN Health 22a. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) MEMOVAL (Specify) 24a. REC'D BY REGISTRAR VR A15MF 5M 1/62

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH-DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) Prince George Prin director. Pag or your files. rince George Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give neerest lown) Suitland Suitland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Boar d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State B 5110 Logan Street YES NO TO 5110 Logan Street 3. NAME OF Middle 4. DATE Month Day Yeer DECEASED OF DEATH (Type or print) CHARLES HUDGINS 2 with th April 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) Months Hours Male WIDOWED DIVORCED Sept 1, 2, ar age 5 n 1 and 2 72 hou 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Brick Mason U.S.K pages within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Manson Hudgins Bass Laura 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes. no. or unkown) | (Ifyes give war or dates of service) " in pencil in Item 18 Office along with for burial-transit permit. Mrs Hattie 577_07¥4408 none Hudgins Wife 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO the certificate, writing the word "pending" prevarded to the Chief Medical Examiner's CDIRECTOR: Page 3 should be used as a b gave rise to immediate cause DUE TO (a), stating the underlying cremation, or cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? None NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. ute the common of the Chief Manager of the Chief Manager of the Chief Manager of the Chief Manager of the Chief of the Chi 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Accident Suicide Homicide Undetermined manner Natural causas CHIEF MEDICAL EXAMINER [designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL I SIGNATURE hapmar NAME (Type) Address (Street, city, town, or county) 2026 R 228. BURIAL, CREMATION, 226. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Cedar Hill Cemetery 940 Burial Suitland 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR uneral VS. A15ME DAAPR 1 3 '62 Circhay S. Pirous 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH

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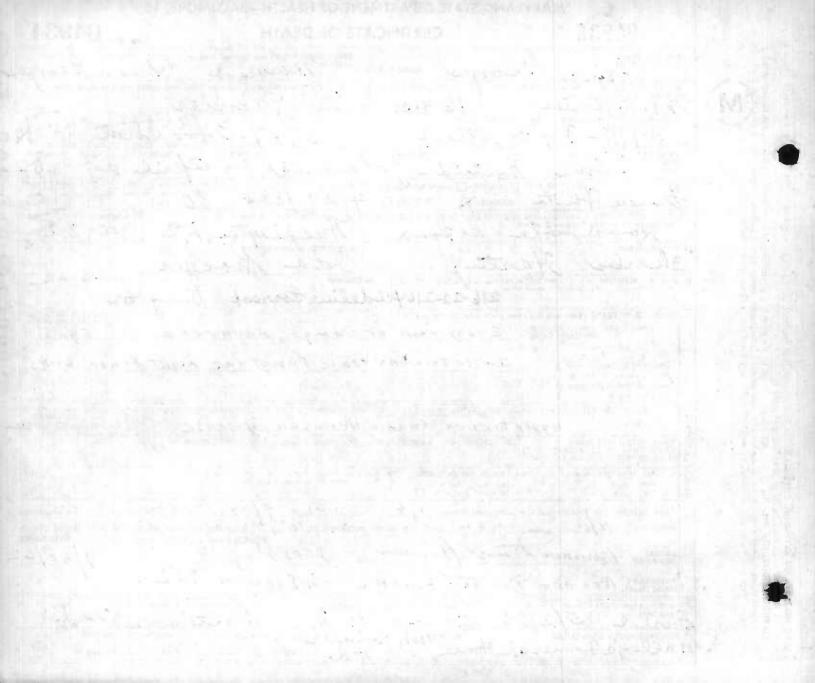
1		MARYLAND STATE DEPARTMENT OF HEALTH
		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE		04934 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04932
HEALTH DEPT.		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
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With 18. (for iii. F		WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SETURITY NO. 17. INFORMANT s, no, gr unkown) (Ifyesgivewarordatesofservice)
hed with with sany	-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).)
in the mag v		PART I. DEATH WAS CAUSED BY:
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pen sami	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY
De Con	CERTIFICATION	PERFORMED? YES NO 📶
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A Me sho iat	CER	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.
iting hief bur	3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)
AM Wr. Wr. to	MEDICAL	Hour a.m. While Not While fectory, street, office bldg., etc.)
EX.	~	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry , and in my opinion
It it it		death resulted from: Natural causes (*). Accident (), Suicide (), Homicide (), Undetermined manner
BE Ce sage		CHIEF MEDICAL EXAMINER
E COS TE		ACTUAL SIGNATURE OF SIGNATURE DATE SIGNED
Sur J		EXAMINER'S DEPUTY MEDICAL EXAMINER Q CUMO 10,1962
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DI ITY N east Strute should be fo FUNERAL r its designate	22a.	CREMATION, 22b. DATE HEREOF 22c. NAME OF CEMETERY OR CHEMATORY 22d. LOCATION (City, town, or country) (Siete)
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1		DIVISION OF STATISTICAL RESEARCH AND RECOR 04935 CERTIFICA	DS, 301 W. PRESTON STREET, BALTIMORE 1, A	MARYLAND
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oy th rmit. rmit.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: ATTE ECTACLE COMM		INTERVAL BETWEEN ONSET AND DEATH
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CTON IId be		21. I certify that X) (this hospital) attended the deceased from saw the deceased alive on 14. APRIL 19.62, and the		
AL DIRE		220. SIGNATURE	ATTENDING MED STAFF	22b. DATE SIGNE 14 APRIL 1962
A William		PHYSICIAN'S JOHN A MOORE, Major USAF MC	USAF HOSPITAL, ANDREWS AIR FO	ORCE BASE, MI
direct direct	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER SURVEY 4-18-62 arlin	gton With 71 myer	Va
VR A1S (4) 1SM 7/61	24	FUNERAL DIRECTOR'S SIGNATURE W. W. Chembers C 5/7-11 5	DATE AND 1 8 162	
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14	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
1	04936 CERTIFICATE OF DEATH Reg. Dist. No. 4934
	1. PLACE OF DEATH a. COUNTY Deorges MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before ordinission) b. COUNTY runs Florge
M	b. CITY OR TOWN (If outside corporate limits, write (c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 4 Th. Ramier
X	d. NAME OF HOSPITAL (If not in haspitol, give street address) OR INSTITUTION 3717-34 ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Elva Matilla Johannes 1. Day Year 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 4/29, 1882 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. WIDOWED DIVORCED HID WIDOWED WIDOWED HOURS Min. Months Days Hours Min. The second of the secon
death.	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY A BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? A Shergton, A C. 12. CITIZEN OF WHAT COUNTRY?
I aller	13. FATHER'S NAME Lasting Lasting Lasting
) Hours	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no., or unknown) (If yes, give wor or dates of service) 216-22-2164 adeline Forcest Daughter
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Emphysema of Lungs, Advanced 527. DUE TO INTERVAL BETWEEN ONSET AND DEATH 548.
	Conditions, if ony, which gove rise to immediate cause (a), stoting the under-lying cause lost. (b) INTERTROCHANTERIC FRACTURE RIGHT FEMUR 6 WKS (c)
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \[\begin{array} \text{NY PERT CWSIVE CANDID L'ASCULAR. DISCASE} \end{array} 19. WAS AUTOPSY PERFORMED? YES \[\begin{array} \text{NO IL.} \text{1.0}
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Manth, Doy, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While at wark at work
מוומו, כו	21. I certify that I attended the deceased fram. 1/4, 1961, to 4/29, 162, that I last saw the deceased alive on 4/10, 1962, and that death accurred at 1630 M, fram the causes and an the date stated above.
	ACTUAL SIGNATURE MININ A MININ Pomeare M.D. 3503 Sum SV. 4/30/6:
	PHYSICIAN'S NORMAN DONAT COMERU MT Rainier ML
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. MAME OF CEMETERY OF CREMATORY (Stote) Specify) 5/2/62 Loudon Park Daltinor. My
B.	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESSMA RAINER 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE AND 3 162 CHANGE S. KINGER
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	OLUSION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	04935
	PLACE OF DEATH a. COUNTY Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b 2. USUAL RESIDENCE (Where decased lived, If institution as STATE c. CUNTY MARYLAND MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL	eorge's
	writa RURAL and give nearest town 42 Hrs. 47 Min. Suitland 20	
77	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS	e. IS RESIDE
	Prince George's General Hospital 23 Randall Road	YES NO
3.	NAME OF First Middle Lest 4. DATE Month OF OF DEATH April 5	Day Year 19 6
5.	SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years IF UNDI	ER 1 YEAR IF UNDER 24 F
10	Frankis White WIDOWED DIVORCED April 3, 1962 yrs. Months	Days Hours M 1 18
	Eneverly Prince Heaville, Co Tr	a. u
	Harold Eugene Johnson Wilma Gray Johnson	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
(Y	as, no, or unkown) (Ifyasgivewarordatasofservica) Mother Same as above	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEE
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity	ONSET AND DEA
5	7/3 5 01570	
	Conditions, if any, which (b) Bilateral Atelectasis	
	gave rise to immediate cause	
-14	(a), stating the underlying	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.	ART 1(e) 19. WAS AUTO PERFORMI YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) factory, streat, office bldg., atc.)	County) (Sta
	21. I certify that (I) (this hospital) attended the deceased from 4-3	
	saw the deceased alive on	n the date stated a
	220. SIGNATURE OLD ATTENDING MED. M. STAFF	22b. D
	M.D. PHYS. DIRECTOR PHYS.	S
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STATE DEPARTMENT Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Resid e. COUNTY necessary, ector. Page Prince Georges County MARYLAND Prince Georges Maryland b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 director. c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) Your write RURAL and give neerest town) Cheverly DOA Brentwood d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) delay d. STREET ADDRESS e. IS RESIDENCE retained State Prince Georges General Hosp. YES NO 3. NAME OF 4. DATE Month Yeer DECEASED OF (Type or print) WILLMORE JOSEPH JOHNSON DEATH April THUNDER TEAR with 72 h 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2 with 8. DATE OF SIRTH and 2 within Months | WIDOWED EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after as execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, a rould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 in UNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages and 2 in the decimaled agent, prior to burial, cremation, or removal, and in any event within Male Negro 10a. USUAL OCCUPATION (Give 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Trash Truck Mary's Oty. Md. Laborer U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ernest Johnson Annie Briscoe ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Route #1 Box 185 (Yas, no, or unkown) | (If yes give wer or detes of service 79-09-4009 Mrs. Bessie Queen, Lanham unknown 18. CAUSE OF DEATH [Enter only one cause per line ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the undarfying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4): 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. mould be forwarded to the Chief FUNERAL DIRECTOR: Page 3 MEDICAL 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) (County) (Slete) fectory, street, office bldg., etc.) While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry D. and in my opinion death resulted from: Natural causes Suicide Homicide' Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL Part & Tan Las ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S PAUL C. VAN NATTA, M.D. NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) ARLINGTON, VIRGINIA ARLINGTON NATIONAL CEM. 4-30-62 BURIAL 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME DATE APR 3 0 '62 arilar & Thomas 5M 1/62 John T. Rhines & Company 3015 12th St. N. E.

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH MARYLAND CITY OR TOWN (if outside corporate limit write RURAL and give marest town) c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO DATE Month Day Year DECEASED DEATH (Type or print) 19 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY = attending a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. (Yas, no, or unkown) | (If yes give wer or detes of service) 1B. CAUSE OF DEATH lEnter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY 210 IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (e), stating the underlying WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO Y CERTIFICA 20e. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20e. PLACE OF INJURY (Home, ferm. 20d. INJURY OCCURRED | 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Dev. Year fectory, street, office bldg., etc.) Not While While Hour e.m. at work at work p.m. (1) (this hospital) attended, the deceased from // .19.6....., and that death occured at J. A.M., from the causes and on the date stated above DATE 22b. ATTENDING SIGNED Wines PHYS. DIRECTOR PHYS. M.D. ADDRESS 22c. PHYSICIAN' NAME (TypThomas Hutchin 23d. LOCATION (City, fown or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 0 Cedar Hill Suitland, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 15M 7,61 arthur & Trave Francis Gasch's Sons Hyattsville, Maryland

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

event, within 72 haurs after death

the State Board of Health prior to burial, cremation, or removal,

rs after death. Page

MARYLAND STATE DEPARTMENT OF HEALTH

	04940	DIVISION O	CERTIFICAL CERTIFICAL	AND RECORDS — BALT		YLAND	04	938	
V	1. PLACE OF DEATH O. COUNTY PRINCE GEORGES		MARYLAND	2. USUAL RESIDENCE (W o. STATE MARYLAND	here deceased live	d. If institution b. COUNTY		The second of th	
	b. CITY OR TOWN (If outside corp RURAL and give nearest town) ANDREWS AIR FOR d. NAME OF HOSPITAL (If not in h	CE BASE		c. CITY OR TOWN (IF CAMP SPRI d. STREET ADDRESS		limits, write RI	JRAL and give no	e, IS RESIDENCE	
	OR INSTITUTION USAF HOSPITAL A				ELL DRIVE	<u> </u>		ON A FARM? YES NO	
	3. NAME OF DECEASED (Type or print)	First DAWN	Middle MARIE	Lost KENNEDY	4. DATE OF DEATH	Mon.		Year 1962	
	5. SEX 6. COLOR C		RRIED NEVER MARRIED X	B. DATE OF BIRTH	. lo	GE (In years past birthday) 1 yrs.	Months Days	R IF UNDER 24 HRS Hours Min.	
	10a. USUAL OCCUPATION (Give kind during most of warking life, even NONE	of work done 10 if retired)	b. KIND OF BUSINESS OR INDI	PHILIPPINI	الشور الأراد ال		12. CITIZEN OF WHAT COUNTR		
)	13. FATHER'S NAME THOMAS JAMES KE 15. WAS DECEASED EVER IN U. S. AR (Yes, no, or unknown) [(if yes, give wor or	MED FORCES? 1		14. MOTHER'S MAIDEN BEATRICE A	NAME	Addı			
	NO NA 18. CAUSE OF DEATH [Enter on			HOMAS J SMITH	(FATHER)	SAME A	IN	TERVAL BETWEEN	
	Conditions, if any, which gove rise to immediate cause (a), stoting the under-		Congestie -	Least disc	de		· ·	set and death 3 Las	
,	lying cause last.) PART II. OTHER SIGNIFICA	(c)	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE CO	NDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES X NO	
	PART II. OTHER SIGNIFICA 200. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXA	DEATH	ESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part 1 or Part II o	f item 1B.)			
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour a.m. p. m. 19 While Nat while at work								
	21. I certify that (I) (this saw the deceased glive a	7 1	A .	death occurred at 44	67 . ta _ 3	causes an		hat (I) (a) las	
	22c. PHYSICIAN'S	AL	noore			TAFF HYS. 🗶	3 APRI	22b. DATE SIGNEI L 1962	

JOHN A MOORE, Major USAF MC

USAF HOSP, ANDREWS AIR FORCE BASE, MD

23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL ARLI
ADDRESS 577 11 StSE 250. REC'D BY REGISTRAR
CO. Wash. D. C. DATE APR 6 '62 DIRECTOR'S SIGNATURE
W. CHAMBERS 256. REGISTRAR'S SIGNATURE APR 6 Wash. D.C. DATE

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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CERTIFICATE OF DEATH

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	olinton	(if outside corporation of give nearast town	a limits, i)		Years		on, Mary	rporata limits, writa land	RURAL and g	jiva naarest town)
		Maryland.		n hospital, give stra	et address)	d. STREET ADD	on, Mary	land.		e. IS RESIDEN ON A FAR YES TO NO
3.	NAME OF DECEASED (Type or print)	WILLIAM	First	BERNA	RD	KING	4. DATE OF DEAT			7th 19 62
5.	Male	6. COLOR OR F			TO COLUMN TO THE PARTY OF THE P	April 26-	1879	9. AGE (In years last birthdey) 82 yrs.	Months De	
10a	n. USUAL OCCUP. One during most of Farmer	ATION (Giva kind of working lifa, evan if	work 1 retirad)	Ob. KIND OF BUSIN	ESS OR INDUSTI		(County & Stata,	or foreign country)		ISA
13.	FATHER'S NAME					14. MOTHER'S MA				
	Henry K	-					de White			
		EVER IN U.S. ARMED		16. SOCIAL SECU		INFORMANT	770 5	Address		Wash., D
NC	Conditions, if a gave rise to imm (a), stating the causa last.	ny, which adiata causa undarlying	E TO CO	eneral a	RTERIO	SCLEROSI SCLEROSI DT RELATED TO THE	S	E CONDITION GIV	EN IN PART 1	YEARS YEARS YEARS
CERTIFICATION	OR CONTRIBUTION	WAS UNDERLYING NG [] CAUSE OF DE FY MEDICAL EXAM	ATH	DESCRIBE HOW IS	NJURY OCCURED). (Enter natura of inju	ury in Part I or Per	t II of item 1B.)		YES NO
MEDICAL	20c. TIME OF IN Hour a.m	1.		20d. INJURY OCCL Whila Not Whil It work at work	a fac	CE OF INJURY (Hom tory, streat, offica bld		ity or town)	(County	y) (Stete)
		that (I) (this h		_	ceased from.		at 11: /25A	APR 17 M the causes	,	d, that (I) (we) and the date stated about
	22a. SIGNATUR	and U	un	, lu	D.	ATTENDING	DIRECTOR	STAFF PHYS.	APRI	22b. DA1 SIGI L 17, 19
	22c, PHYSIOTAN NAME (Ty	PAUL		N, M. D.			KEEK, M			
23	REMOVAL (Special	1	THEREOF		OF CEMETERY	or crematory emetery		tland, M		(Stata)
24	FUNERAL DIRECT	OR'S SIGNATURE	Lors	1661DDR Washir	ood Ho	DA KA GIR	5時日 1 a 7	istrar 256. REG	SISTRAR'S SIG	

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY a. STATE Prince Georges County Prince Georges County MARYLAND Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Beltsville 5 Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS . IS RESIDENCE ON A FARM? 10678 YES NO X Edmonston Avenue Prince Georges General Hospital DATE DECEASED OF DEATH (Type or print) 1962 April Walter Lampkin 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In yours | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH last birthday) Months | Deys Hours WIDOWED DIVORCED Male lease rem 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) W. S. S. C. U.S.A. Virginia Machanic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending I Then please Charles Lampkin Callie Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address requires that the (Yes, no, or unkown) | (If yes give we ror detes of service) 232-18-3782 Clara M. Lampkin Same as #2 Wife ves 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 2 nemIA M106 IMMEDIATE CAUSE (a) DUE TO Chnowic PyeronephuiTis geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? NO Z BENTENSIVE 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (County) (Stete) Month, Dey, Yeer fectory, street, office bldg., etc.) Not While While Hour e.m. et work at work p.m. CIOR: 4-10-21. I certify that (I) (this hospital) attended the deceased from...... DIRE ATTENDING 22a. SIGNATURE DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. 0 4/25/62 Arlington National Arlington, 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR AIS (4) APR 2 5 '62 15M 7/61

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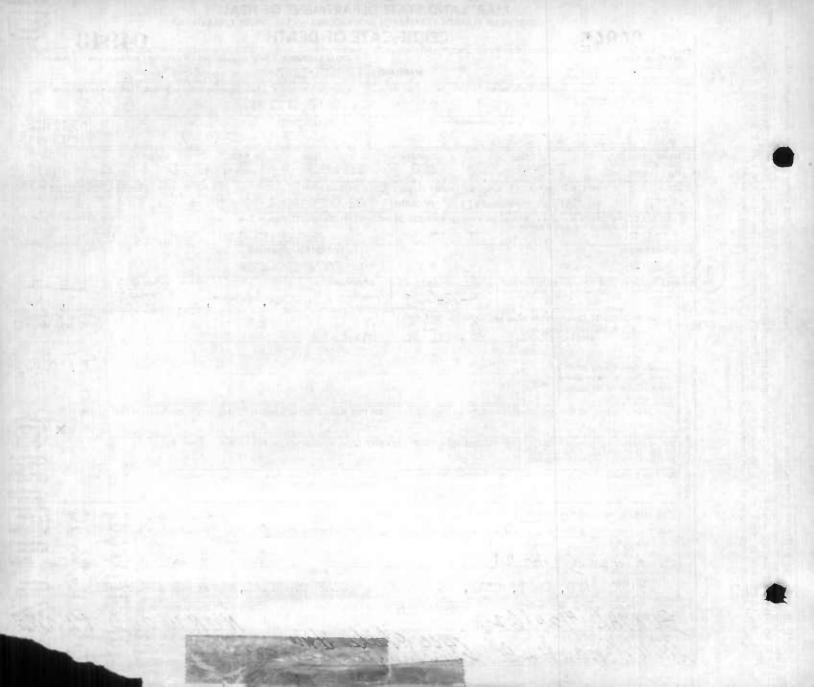
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

04945 **CERTIFICATE OF DEATH**

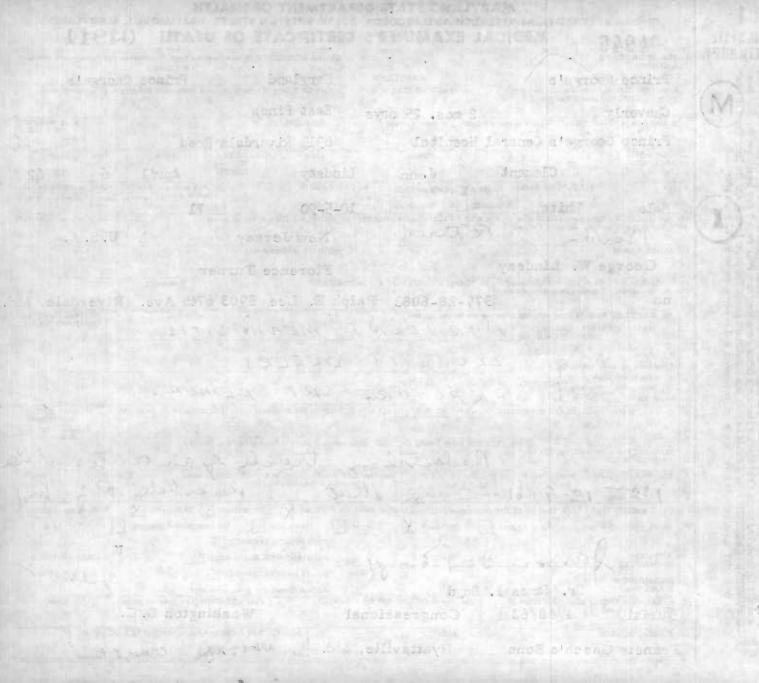
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)	1. PLACE OF DEATH PRINCE GEORGES	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY PRINCE GEORGES						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	CAMP SPRINGS	47 DAYS	X CAMP SPRIN	GS					
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	3. NAME OF First DECEASED (Type or print) THOMAS	Middle LEO	LEONARD Lost	4. DATE Mon OF APRIL	th Day Year 1962				
	5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.				
	MALE CAU WIDOWE	DIVORCED	22 OCTOBER 19	39 22 yrs.	Months Days Haurs Min.				
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	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME					
	UNKNOWN		RITA LEONA	RD					
-		SOCIAL SECURITY NO. 17. IN	IFORMANT	Addi	ress 931 TURNER AVE				
	YES (If yes, give war or dates of service) PRESENT	74-32-6225 108	SEPH F SPENCE,	COUSIN, 1	DREXEL HILL, PA.				
x)	18. CAUSE OF DEATH [Enter only one couse per line part I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH	Aplastic 1-			INTERVAL BETWEEN ONSET AND DEATH 47 days VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO				
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacassed lived, If institution: Residence before edmission) e. COUNTY a. STATE b. COUNTY Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 director. write RURAL end give nearest town) 6 East Pines Cheverly 2 mos. 25 days for d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 6313 Riverdale Road YES NO X 3. NAME OF 4. DATE Month DECEASED (Type or print) Clement John Lindsay DEATH 19 April 6 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 3 last birthday) Months I WIDOWED DIVORCED White Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if ratired) New Jersey U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George W. Lindsay Florence Turner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yas giva war or datas of service Ralph E. Lee 5903 67th Ave. Riverdale, Md. 579-28-6083 18. CAUSE OF DEATH [Entar only ona cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: RULENT MENIN GITIS IMMEDIATE CAUSE (a) DUE TO DLEERS Conditions, if eny, which (b) gava rise to immediata cause DUE TO (a), stating the undarlying EFMUR PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO D 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of Item 18.) PRIMARY OF OF CONTRIBUTING 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, form, 2Df. (City or town) 20c. TIME OF INJURY Month, Day, Yaar (County) (Stete) factory, street, office bldg., etc.) et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X Inspection X 0 CTO MEDICAL Accident X Suicide death resulted from: Natural causes Homicide Undetermined manner DIREC CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE. designate april 6. 1962 DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Dr. James I. Bovd Addrass (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 220. BURIAL, CREMATION, (State) 4/10/62 Congressional Washington D. C. P40 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Francis Gasch's Sons Hyattsville, Md. DATE APR 1 2 '62 5M 7/59 arthur & Heave

MARYLAND STATE DEPARTMENT OF HEALTH



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence e. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If ourside con b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 rporate limits, write RURAL and give neerest town) write RURAL end give neerest town) D.O.A. e. IS RESIDENCE ON A FARM? PRINCE GEORGE'S GENERAL HOSPITAL YES NO Route 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH 9. AGE (In Years LIF UNDER 1 YEAR) IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthdey) Months Male 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) South Carolina

14. MOTHER'S MAIDEN NAME U.S.A. Electrical Marcus C. Long Nettie Darby 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Alma, Georgia (Yes, no, or unkown) | (Ifyesgivawarordetesofservica) Mrs. Marcus C. Long Route # 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia Conditions, if eny, which Aspibation of food geve rise to immediate cause (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)1 19. WAS AUTOPSY PERFORMED? YES NO T 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY To CONTRIBUTING CAUSE OF DEATH. Was eating his dinner and aspirated some food 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) 62 work at work Bladensburg 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X. Inquiry X death resulted from: Accident X. Natural causes | Suicide . Homicide Undetermined manner ACTUAL DATE SIGNED SIGNATURE EXAMINER'S 4/16/62 NAME (Type) Address (Street, city, town, or county) 22e, BURIAL, CREMATION 22d. LOCATION (City, town, or country) REMOVAL (Specify) Apr. 18, 1962 Rose Hill Cemetery 240. REC'D BY REGISTRAR DATE APR 1 8 '62 arthur & Kraus W. W. CHAMBERS CO., Riverdale, Md.

within 24 hours aft 18. Give Pages 1, 2, form PM3. Page

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W. W. CHAMBERS Co., Biverdale, Ma.

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		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH	146
the funeral 2 should		1. PLACE OF DEATH a. COUNTY Prince George's MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence e. STATE b. COUNTY MARYLAND MARYLAND Prince George's	
4 300)	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	arest town)
filled Pages urs aft	7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Glen Arden d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
2 2 2	F	Prince George's General Hospital 7919 Fiske Avenue 3. NAME OF DECEASED Middle Last 4. DATE OF Month OF	Year No Year
ex on on ithin	-	(Type or print) Baby Girl (A) Lounderman DEATH April 5 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR II Inst birth day) Rest birth day Res	19 62 F UNDER 24 HRS.
d e e		Female Colored WIDOWED DIVORCED April 5, 1962	Hours Min.
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th og g	T	13. FATHER'S NAME	
p pud	当	Graham Lambert Louderman, Ju. Ida Mae Woods 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Ifyes give war or dates of service)	
5 e		Mother Same as above	VAL BETWEEN
vicies y sicies of by perm		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest	T AND DEATH
he law requir tending physi been signed urial-transit pe , cremation, c	16	Condition, if any, which (b) Premateurity	The
न के के न		gava rise to immediate cause (a), stating the underlying cause last. DUE TO Pre-Malue Rahm	ha
YSICIAN: hospital or certificate h use as the prior to bur	0	10 11 11 2000 11 11	PERFORMED?
HYSICIA The hospital The second of the sec		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. YES 20a. ACCIDENT WAS UNDERLYING COP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	s NO
After this			(State)
H = 0 4		20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 4 4 4 4 4 4 4 4	
E SOB o		21. I certify that (I) (this hospital) attended the deceased from 4-5, 1962, to 4-5, 19.62 that saw the deceased alive on 4-5, and that death occurred at 8.30, from the causes and on the date	
		283 SIGNATURE ATTENDING PSED. STAFF	22b. DATE SIGNED
PITAL age 4 ERAL r, page	1	226. PHYSICIAN'S NAME (Type) HELLY A. (1/150 To Galler Valta A. Lanha	in my
death director be filed		238. BURIAL, CREMATION, 23b. DATE HEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 4-13-67 Prince Geo Geo Hospital Charactery M.	(State)
VR AIS (4)		Cremation Prince Geo. Gen. Hospital Cheverly, Md.	RE
15M 7/61	1	Half W. gen, Jp., Constrator DATE APR 2 3 '62 Cullun S. Haus	
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Λ		PLACE OF DEA	ТН				USUAL RESIDE	NCE (Where			idence before	admission)
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7		Cheve	end give neerest town)	1200	2 Hrs. 42 N	ing.	X Glen A	rden				
/		d. NAME OF HO	SPITAL OR INSTITUTION	(if not in hospi	tel, give street address)		d. STREET ADDRES				e. IS	RESIDENCE
	12.	Prince	George's G	eneral	Hospital		7919 F	iske Av	renue		YES	N A FARMS
	3.	NAME OF DECEASED	Fin	it	Middle	H	Last	4. DATE		h	Dey Y	ear
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	5.	SEX	6. COLOR OR RAC	E 7. MARRIED	NEVER MARRIED	B. DAT	E OF BIRTH		9. AGE (In years	IF UNDER 1 YE		ER 24 HRS.
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	10a	. USUAL OCCUP	ATION (Give kind of wo	rk 105, KIN	D OF BUSINESS OR IND				or foreign country	12. CITIZE	N OF WHAT	COUNTRY
	00	ne during most of	working life, even if reti	red)			m	1.				
	13.	FATHER'S NAME				14.	MOTHER'S MAIDE	N NAME			770	
		G	raham Lambe	rt			Ida Mae	Woods				
1	15.	WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16. 50	OCIAL SECURITY NO.	7. INFO	RMANT		Addres	s		
	100	s, no, or unkown;	(IT yesg: ve wer or deteso:	Service)		M	other	5	Same as a	above		
		IB. CAUSE OF	F DEATH [Enter only or	e cause per lin	e for (e), (b), and (c).]	^		L			INTERVAL I	BETWEEN
		PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (Ca	Siac	An	red				ONSEI AN	ח מנאווו
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)	NO	PART II. OTI	HER SIGNIFICANT CONE	ITIONS CONT	RIBUTING TO DEATH BU	T NOT RELA	ATED TO THE TERM	MINAL DISEASI	E CONDITION GIV	EN IN PART 1		AUTOPSY FORMED?
	CAT										YES	NO 🗌
	CERTIFICATION		WAS UNDERLYING THE		RIBE HOW INJURY OCC	JRED. (Ente	r neture of injury	in Pert I or Pert	II of item 18.)			
		(IF EITHER, NOT	IFY MEDICAL EXAMINER)								
	MEDICAL	2Dc. TIME OF IN		eer 20d, IN While	JURY OCCURRED 2De.		INJURY (Home, fa		ity or town)	(County	()	(Stete)
	MEI	p.n		et work	et work							
		21. I certify	that (I) (this hosp	ital) attende	ed the deceased fro	om4	- 5	, 1962 to	4-5	19.62	2, that (I)	(we) las
П		saw the dece	eased alive on	4-5	1962, and	that deat	h occured at.	8:30, fro	m the causes	and on the	date stat	ed above
		220. SIGNATUS	HE /	/-	1- 1		ATTENDING P.	Marie.	STAFF		2:	26. DATE SIGNED
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1		22c. PHYSICIAN		, ,	1 111:	0 11	22d. ADDRESS	100	1 /2 (1	12	10/20	6-
			1 JEN1	4	TO VUS	SM	1003	101	19 81	NO	VIVI.III	1, MC
	23a	REMOVAL (Speci	ATION 236. DATE TH		23c. NAME OF CEMET			-	CATION (City, to			(Stete)
)	(remation			Prince Geo.	jen. Ho			erly, Md			
1	134	FORERAL DIRECT	OR'S SIGNATURE		ADDRESS			APR 2 3	STRAR 25b. RE			
1	H	rry W. I	Jahn, Ja., Ad	minist	rato		DATE	7777	02 0	bothun S.	Trace	
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W. PRESTON STREET, BALTIMORE 1, MARYLAND Items 4. 8 & 22 Films Gaunt Republic Where Wet ased lived, If institution, Residence before 1. PLACE OF DEATH e. COUNTY a. STATE b. COUNTY b. CITY OR TOWN (if outside corporate limits) MARYLAND c. LENGTH OF STAY IN 16 write RURAL end give naerast town) Waldorf M.C.A. Housing 3. NAME OF Airforce Hospital Middle YES NO TX 4. DATE OF DEATH (Type or print) Marie 7. MARRIED NEVER MARRIED 9. AGE (In last birthday) Months | Days IDD. KIND OF BUSINESS OR INDUSTRY III. SIRTHPLACE IS DIVORCED 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratirad) House wife Own Home U. S. A. Kansas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN Virgilo Bonati Josephine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (Ifyesgivewerordatasofservica) no Robert Eugene Lowmiller, same as 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: EREBRAL HEMCREHAGE IMMEDIATE CAUSE (a) Conditions, if eny, which gave rise to immediate ceuse (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) I CERTIFICATION YES NO 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED 2Da, PLACE OF INJURY (Home, farm, 2Df, (City or town) (County) (Stete) factory, streat, office bldg., etc.) Whila Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🐷 Inquiry and in my opinion Natural causes XI. Accident death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER April EXAMINER'S James I. Boyd NAME (Typa) Address (Street, city, town, or county) 4 shou O FUN 22d. LOCATION (City, town, or country Sour 22e. BURIAL, CREMATION, 22b. BEMOVAL (Specify) HETERY HIGH VR A15ME Cirthur S. Thous 5M 1/62

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission), e. COUNTY b. COUNTY Montgomery b. CITY OR TOWN (if outside corporate limits, MARYLAND Maryland c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) Cheverly Gaithersbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Prince George's RFD#3 Gen. Hospital YES X NO 3. NAME OF 4. DATE Month DECEASED (Type or print) RALPE DEATH EUGENE Apri 1962 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Male WIDOWED 2, a 1De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? s 1, 2 done during most of working life, even if retired) Horseman Horses Maine USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Herbert n Ida Evelyn Taylor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMAN Washington, DC (Yas, no, or unkown) | (Ifyasgive war or detes of service) No Evelyn G. Manuel 2500 Wusconsin Ave., NW 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c). INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MEDICAL EXAMINER: This certificate should be extended to the certificate, writing the word "pending" in pending MAMEDIATE CAUSE (e) Hemorrhage and shock DUE TO 0 Crushed chest and skull Conditions, if any which cremation, geve risa to immediate ceuse Examiner's DUE TO used as (e), steting the undarlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION se execute the certificate, writing the word mould be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be self not its designated agent mine to be in the contract to be in the contra PERFORMED? NO X 2De. EXTERNAL CAUSE WAS PRIMARY Kor CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) overturne CAUSE OF DEATH. n automobile that ran off an 20c. TIME OF INJURY 2Dd. INJURY OCCURRE Month, Day, Year fectory, street, office bldg., etc.) While Not While et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED SIGNATURE EPUTY DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) BURIAL TREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR

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04900 of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If institution: Residence before admission) a. COUNTY b. COUNTY George Maryland Prince George's MERVIAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearast town) Mount Rainier Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Ad. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X 4308 Prince George's General Hospital Russell 3. NAME OF 4. DATE Month DECEASED OF (Typa or print) DEATH 1962 Irene 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR hast birthdey) Months July 5. WIDOWEDX DIVORCED Female 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratirad) S. Maryland Own Home House wife Sarah Elizabeth Wells John Henry Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 4849 Queens Chapel (Yas, no, or unkown) | (Ifyasgivawarordatesofservice) Joseph Henry McAllister Jr. None 18. CAUSE OF DEATH [Enter only one causa par line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) Arteriosclerotic heart disease Conditions, if any, which gava rise to immadiate causa (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? Obesity
20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) NO Diabetes. 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, ' 2Df. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) factory, street, office bldg., atc.) While Not While at work at work Inspection X Inquiry X 21. I certify that I took charge of the remains described above, held an Autopsy | |, and in my opinion sixuld be forwarded to FUNERAL DIRECTO death resulted from: Natural causes X Suicide Undetermined manner Accident Homicide ACTUAL DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 11/62 Ö EXAMINER'S JAMES BOYD, M.D. NAME (Typa) Addrass (Streat, city, town, or county) Plestry Health 226. DATE THEREOF 228. BURIAL, CREMATION, (State) 24b. REGISTRAPAS SIGNATURE APR 1 6 '62 VR A15ME 5M 1/62

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH O. SUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest lown)
RURAL and give nearest tawn)	11/25 his 10 Tax/ 478.3
d. NAME OF HOSPITAL (If nat in hospital, give street oddress)	d. STREET ADDRESS
MADISON MONOR NURSING HOME	4330 - Valley Jossaco V YES NO NA
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print)	1 c Hangy DEATH Paril 25 1962.
S. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In fears IF UNDER 1 YEAR IF UNDER 24 HRS.
M, WIDOWED DIVORCED	7-30-1889 last birthday) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during post of working life, even if retired)	JSTRY 11. BIRTHPLACE (Stote or foreign country) 2. CITIZEN OF WHAT COUNTRY?
RETIRED.	Missouri U-51
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Christophen McHONE	Y Lucius Maxeying
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes, give war or dates of service)	HORMANT D Small Address 4330 Holley for
No 720 322-10-0635 6	Clanda B Mi Clanning Hoshington De
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Ding Heart tachene 2 mgs
450 DUE TO ON	
Canditions, if any, which (b)	ised Arterioschem
gave rise to immediate cause (a), stating the under-	
lying cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAL	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20g. ACCIDENT WAS UNDERLYING TO PERCENT OF DEATH SOLUTION OF CONTRIBUTING CAUSE OF DEATH SOLUTION OF CONTRIBUTION OF C	ED. (Enter noture af injury in Part I or Port II of item 18.)
	LACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (Stote)
Hour a. m. p. m. 19 of work of work	octory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from.	19600 Phr. 2x 1962 that (1) (we) lost
	death occurred a DM, from the couses and on the date stated above.
220. SIGNATURE	22b, DATE
1 (Burns) tutzen.	M.D. PHYS. SIGNED STAFF PHYS. STAFF
22c. PHYOCIAN'S NAME (Type)	22d. ADDRESS
REDNIAD KALZEN	4.1 3550 - MINN - Due- & 50.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. CAME OF CEMETERY	OR CREMATORY 23d. AQCATION (Gity) awn, ar county) (State)
Durial 5-4-62 Tollser	ille Telleville mo
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
0.10777 3004. 411	DATMAY 3 '62 Civilius S. Kraus

X		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	LAND
	1	04955 CERTIFICATE OF DEATH	04952
if the state of th	7	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Resid	dence before admission
ुँ वृस्		a. STATE DI	/
3 2 NE	$^{\prime}$ XI		Georges
h bu		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town).	va naarest fown)
24 de la 15	an!	Rual Agattsville I well Berwyn Heights 68	
afte afte	10	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	a. IS RESIDENCE
Fill Page Irs		PAINT BRANCH NURSING Home 8521 58 ave	YES NO N
d d		This is what works in a second	YES NO
lete per 72		DECERCED	ey Tear
pa n		(Type or print) ELIZABETH A. Mc NAMARA DEATH apxil 4	19 6 2
e c iti		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR	AR IF UNDER 24 HRS.
and and carb		F Cauce WIDOWED 1/S DIVERCED 2-28-1884 - lest birthdey) Months Days	s Hours Min.
an an ven			OF WHAT COUNTRY
ysici emo	9.1	Jales LAJy. Specialty Shop. New York City	154,
ph e r		13. FATHER'S NAME	F
ding leas	F	Thomas Mc Namans. Mangaret Mc. all	the
p e d	1)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	1 - 1
the tath		(Yas, no, or unkown) (Ifyasgivewarordotosofservice) 076-10-2301. FINNA W. Mc Namara SAME A.	5° # 2 abor
hat the the		016-102301.97077 1017	INTERVAL BETWEEN
ian Sy rmi		PART I. DEATH WAS CAUSED BY: To evaluated of belowered Carcinamator	ONSET AND DEATH
od l	nel.	MMEDIATE CAUSE (a)	4
phy phy gane	77	165 Y DUE TO - 1 To To Carrows	
w ng rai		Conditions, if any, which (b) = Malastanis le levrey.	
ndi ndi ial-		geve rise to immediate causa	
The streets bury		(a), stating the underlying DUE TO	
he he		Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6	AL 10 WAS ALITORS
la al a	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.	PERFORMED?
Strain and A			YES NO
No. us		206. ACCIDENT WAS UNDERLYING 2 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.)	
He sis of		20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
eal eal		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town)	(State)
Aff Aff		Hour a.m. While Not While factory meet, office bldg., etc.	
T del		p.m. 19 et work et work	
P P O P O		21. I certify that (I) (this hospital) attended the deceased from 19 to 19 to 19	, that (I) (we) la
F SOP		saw the deceased alive on 1949, and that death occurred at on the causes and on the	date stated above
IRE TRE Star		22a. SIGNATURE	22b. DATE SIGNE
DE DE S		M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNE
AL AL	/	22c. PHYSICIAN'S 1.16 FF F F A LACT 22d. ADDRESS 0	1
Pag FER With	- 1	NAME (Type) W.E. L/12/00 Callege Days	00011
Scron Filed filed		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(Steta)
direct Market		Burial Apr 9, 1962 St Charles Cemetery Freeport New York	rk
5559			NATURE
VR A15 (4)		B Carable Sone Hypotherillo Md	
15M 9/60		r. Gasch's sons hyactsville, Md. DATE APR 6 '62 Outhur 2 1	traus

MARYLAND STATE DEPARTMENT OF HEALTH

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		MARY	LAND STATE DE	PARTMENT OF H	EALTH	
		04956	CERTIFICAT	E OF DEATH	REET, BALTIMORE	04953
A		Prince Georges CITY OR TOWN (if outside corporate limits.	Information fr MARYLAND c. LENGTH OF STAY IN 16	O. STATE MARY L	Vhara daceasad livad, If institu b. COUNTY And ida corporata limits, writa RUR	Hon: Residence before admission
77		write RURAL and give nearest town) A ROME OF HOSPITAL OR INSTITUTION (if not in hos	spital, giva street addrass)	45 Brent Co	100d	IS RESIDENCE ON A FARM?
		Trince Octorye's 04 NAME OF DECEASED (Typa or print) BABY BOY	Neral Middle	105	DATE Month OF DEATH	P-22 19 6 Z
	5. 10a do	MALE C WIDOWE		4-18-62	9. AGE (In years lef Ut lest birthday) yrs. Stata, or foreign country)	
I	15,	WAS DECEASED EVER IN U.S. ARMED FORCES? (Ifyasgivewarordatasofsarvica) (Ifyasgivewarordatasofsarvica)		14. MOTHER'S MAIDEN NAM	Lewis	
		7/2 DUE TO -	ina for (a), (b), and (c).] ELECTHSIII BEMATURIT			INTERVAL BETWEEN ONSET AND DEATH
	Z	gave rise to immadiate causa (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CON			DISEASE CONDITION GIVEN IN	
U	CERTIFICATION	208. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I	or Pert II of itam 18.)	PERFORMED? YES NO
	MEDICAL	Hour a.m. While p.m. 19 at wor	Not While fact	ory, straat, offica bldg., atc.)	Of. (City or town)	(County) (Stata)
		21. I certify that (I) (this hospital) attensaw the deceased alive on		death occured a AN	A, from the causes and	on the date stated above 22b. DATE 4/23 E
	230	Burial, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) Burial 4/21/1962/	Mt. Olivet ADDRESS nc. 1432 You S		Washington,	D.C. AR'S SIGNATURE
2	1	- W. Ernest Jarvis Co., 1	no in it	APR	25 62 Out	wa S. Kraus

THE THE VALUE OF STREET SHAPE OF STREET J 25/5 CHAMPEN DO TENGEROS PROPERTO tiving a state of the state of remain son, a, a A. dronet July's los, inc. ingla dou Surest, min. segme to

1		MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION, OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH (14954)
uneral	1	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission STATE B. COUNTY
the f	MI	b. CITY OR TOWN (if outside corporate lifnits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RIKAL and give recers town)
d in by es 1 an effer deg	PIL	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS e. IS RESIDENCE
y filled in Pages ours after	07	Southern Mary 1211d RAI, Box 1049-
pletely appers. 72 ho		NAME OF DECEASED (Type or print)
d complete bon pa		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years If UNDER 1 YEAR IF UNDER 24 HRS lest birthdey) Months Days Hours Min.
an an an ve car		DIVORCED DIVORCED 4 - July 198 59 yrs. DISTRIBUTION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY IN BIRTHULACE (County & Stelle, or foreign country) 12. CITIZEN OF WHAT COUNTRY
hysicii remov any ev		Housewife Doneste maryland 4 5 2
ling pillease		3. FATHER'S NAME
the de attend Fren pl		5. VAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAINT Address Address
an. y the mit. T		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).] NIEVAL BETWEEN ONSET AND DEATH
aduire physici ned b sit per		IMMEDIATE CAUSE (0) Ononly Cells Car
ding pen signer		Conditions, if any, which gave rise to immediate cause (b) Condervascular Descriptions
The attenuas be buria		(e), stelling the underlying DUE TO Cerlericocleurs; Generally Freps
TAN: tal or cate has the to bur	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED? YES NO
YSIC hospi certifi r use prior		YES NO YES NO
G PH by the er this ed fo		(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
NDIN ined b ined b Affe detach detach		Hour e.m. While Not While fectory, street, office bldg., etc.) p.m. 19 et work et work
CTOR		21. I certify that (I) (this hospital) attended the deceased from 1957 to 1957 to 1967 that (I) (we) la saw the deceased alive on 1957 and that death occurred at M, from the causes and on the date stated above
OR A		220. SIGNATURE 226. DATE SIGNI
RAL sage 3 ith the	1	22c. PHYSICIAN'S NAME (Type) A T T T T T T T T T T T T T T T T T T
UNA UNA Ifor, p	/	38. BURIAL, CREMATION, 1/23b. DATE THEREOF 23c. NAME OF COMETERY OR CREMATORY 23d. LOCATION (City, town or county)
TO H direct		REMOVAL (Specify) agail 7-6 > St Johns Centery Clinton manyland
VR A15 (4) 15M 9/60	2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REGISTRAR'S SIGNATURE 250. RECTOR'S SIGNATURE ADDRESS 250. REGISTRAR 250. REGISTRAR'S SIGNATURE ADDRESS 250. REGISTRAR'S SIGNATURE
7	61	And the

was the transfer of the form DM 1201173 0 CD MEN 16 1, Bed 197 Emale with the property Herainge Condition Mingland of John S. Water Court Stander Horaca & Michigan Lane In a A STATE OF THE STA ALFRED R. Japin Chinton, MARYLAND example of the folia to the Chite Deepland Landon Das Latterpool d En de la land

W. PRESTON STREET, BALTIMORE 1, MARYLAND . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, If institution, Residence before admission) e. COUNTY b. COUNTY MARYLAND Maryland Prince Geor
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fowr Prince George's b. CITY OR TOWN (if outside corporate lin c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Riverdale Colmar Manor d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE d STREET ADDRESS ON A FARM? YES NO Leland Memorial Hospital Yaar DECEASED OF (Type or print) DEATH 1962 Schlorb 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. as birthday) Months Female October WIDOWED X 1, 2, a ge 5 and 3 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) IISA Maryland Housewife Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George L. Schlorb Mary Ellen Donaldson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT AddRandolph VillageMD (Yas, no, or unkown) | (If yas giva war or datas of sarvice) Office along with Francis Mockabee 9100 Central Ave. No 1B. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which Cardiovascular renal disease geva rise to immediata cause DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY should be PERFORMED? NO X Diabetes 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Pert I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm,) 20f. (City or town) (County) (State) factory, straat, office bldg., etc.) Not While forwarded to the at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🚼 Inquiry + and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER ö EXAMINER'S NAME (Type) JAMES BOYD Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c_ NAME OF CEMETERY OR CREMATORY VR A15ME 5M 1/62

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		y all made to	H and the same
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de Page 4 may be retained by the hospital or attending physician.

TO FONERAL DIRECTOR: After this certificate has been signed by the attending physician.

TO FONERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

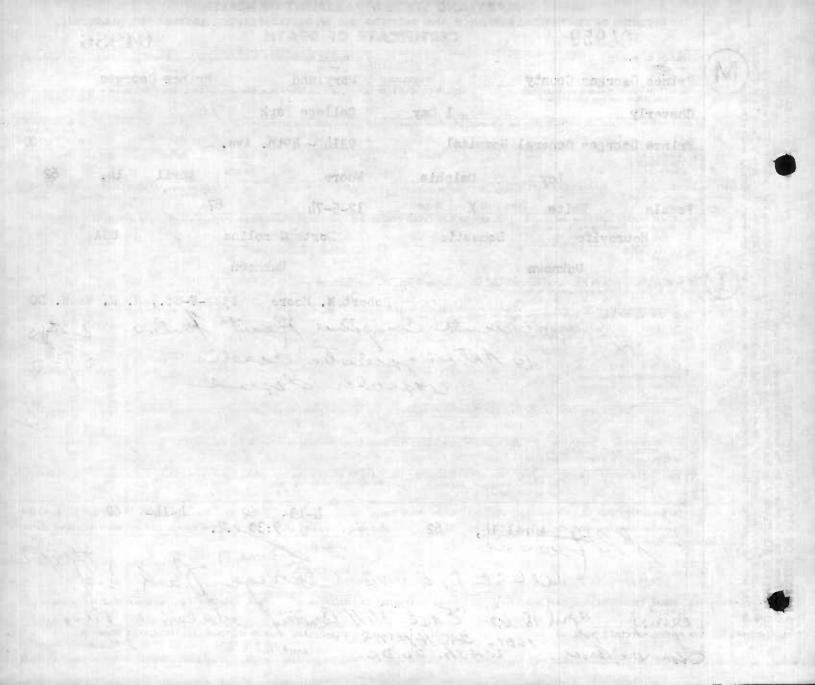
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OA959

CERTIFICATE OF DEATH

OA956

	1000				01000
1. PLACE OF DEA	TH		2. USUAL RESIDEN	ICE (Where deceased lived, If b. COUN	institution: Rasidenca before admission)
Prince Car	orges County	MARYLAND	Maryland		Georges
b. CITY OR TOWN	(if outside corporata limits, and give nearast town)				RURAL end give nearest town)
Cheverly	no give nouses town,	1 Day	College Pa	rk 70	
d. NAME OF HOS	PITAL OR INSTITUTION (if	not in hospital, give streat address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Prince Ge	orges General	Hospital	9314 - 49t	h. Ave.	YES NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Typa or print)	Tor	Delphia	Moore	DEATH Apri	1 14. 1962
5. SEX	6. COLOR OR RACE 7	Delphia . MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female	ment t t	WIDOWED TO DIVORCED	12-5-74	last birthday) 87 yrs.	Months Days Hours Min.
Female 10a. USUAL OCCUPA	ATION (Give kind of work	10b. KIND OF BUSINESS OR INDUST		inty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
dona during most of Hous	working life, even if retired) SEWITE	Domestic	North C		USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	Unknown		U	nknown	
	EVER IN U.S. ARMED FORCE		INFORMANT	Addrass	
(Yas, no, or unkown)	(If yas give war or datas of ser		bert W. Moor	e 1322-V-St	., S. E. Wash. DC
18. CAUSE OF	DEATH [Enter only one g	ause per line for (a), (b), and (c).]		11	INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY	acute con	getweet /	east tark	ONSET AND DEATH
1422	IMMEDIATE CAUSE (a)	/	/	1-1-	1
Total	DUE TO	Anterio - 1	Parlie C	realito -	5 mx
Conditions, if a		1	0 0	-	7/
(a), stating tha	DIT TO	Cosee	elar de	pearl	/
cause last.) (c)			•	
PART II. OTH	HER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3					YES NO
OR CONTRIBUTION	WAS UNDERLYING IG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURE	D. (Entar natura of injury in	Part I or Part II of itam 1B.)	
20c. TIME OF IN			ACE OF INJURY (Homa, far ctory, streat, offica bldg., at		(County) (State)
Hour a.m		Whila Not Whila 12 at work at work	nory, mout, office brogs, of		
		i) attended the deceased from	1,_13_	19 62 to	1. 19.62 that (i) (we) las
		171419.62, and tha			
22a. SIGNATOR		11 11			22b. DATE
M	Heen	we	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	4/15 610 NED
22c. PHYSICIAN NAME (Ty		- ETIENN	E 22d ADDRESS	lege Ta	of hid.
23a. BURIAL, CREMA REMOVAL (Special	ATION, 236. DATE THERE	OF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, 10	wn or county) (State)
24 FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS AR - M	0 CA 258. RJ	C'D BY REGISTRAR 256. RE	
\$1	IRIA 16	WASh, 20 D	40.0	PR 2 3 '62 a	Thur S. Thank
Commina	1 100	A A DOLL OF D			



funeral within 24 hours after completely The law requires that the death certificate then please 3 should be de 0

CERTIFICATION

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY MARYLAND Prince Georges County. CITY OR TOWN of outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) Prince Georges General 4. DATE DECEASED OF (Type or print) DEATH Edna Murphy 6. COLOR OR RACE 7. MARRIED Female White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work most of working life, even if retired

SUAL RESIDENCE (Where dacess		ion: Residence be	elore edmissi
, STATE	b. COUNTY		
aryland	Prince	Georges	Count
. CITY OR TOWN (If outside corporate	limits, write RURA	L and give near	ist lown)
- 11-3 17-1 3 1	2 7		
apital Heights	41		
. STREET ADDRESS	1	0.	IS RESIDEN
			ON A FARA
04 - 48th. Ave.		Y	ES NO

19 62

SIGNED

(State)

IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR last birthdey) Months Hours 12. CITIZEN OF WHAT COUNTRY?

1B. CAUSE OF DEATH ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Metastatic Brain Tumor IMMEDIATE CAUSE (e)

Conditions, if eny, which	(b)	Bilateral Pulmonary Edema		
geve rise to immediate cause (e), stating the underlying cause lest.	DUE TO	Arterosclerotic Heart Disease		
PART II. OTHER SIGNIFICAN	T CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)	19.	WAS AUT

200. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18. OR CONTRIBUTING CAUSE OF DEATH

MEDICAL 20c. TIME OF INJURY 2De. PLACE OF INJURY (Home, ferm, ! Month, Dey, Year 2Df. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While et work et work

21. I certify that (I) (this hospital) attended the deceased from.....April 22., 1962, to......April 25, 19.62 that (I) (we) last 22e. SIGNATURE 22b. DATE

ATTENDING PHYS. 22c. PHYSICIAN'S

Dr. Hei Kit Lee

DIRECTOR 22d. ADDRESS

7730 Annapolis Rd., Lanham, Md.

23a. BURIAL, CREMATION, 23b 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

NAME (Type)

Chilling S. Thous

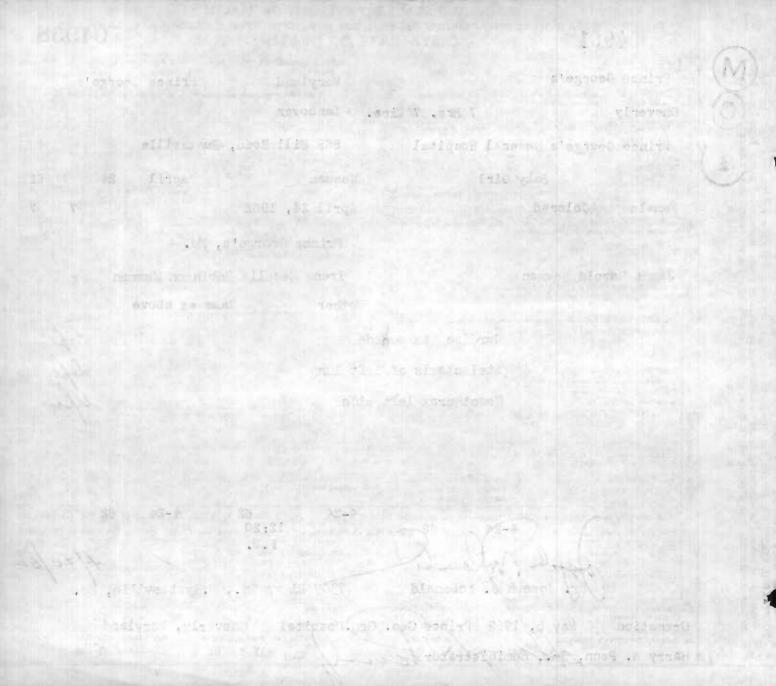
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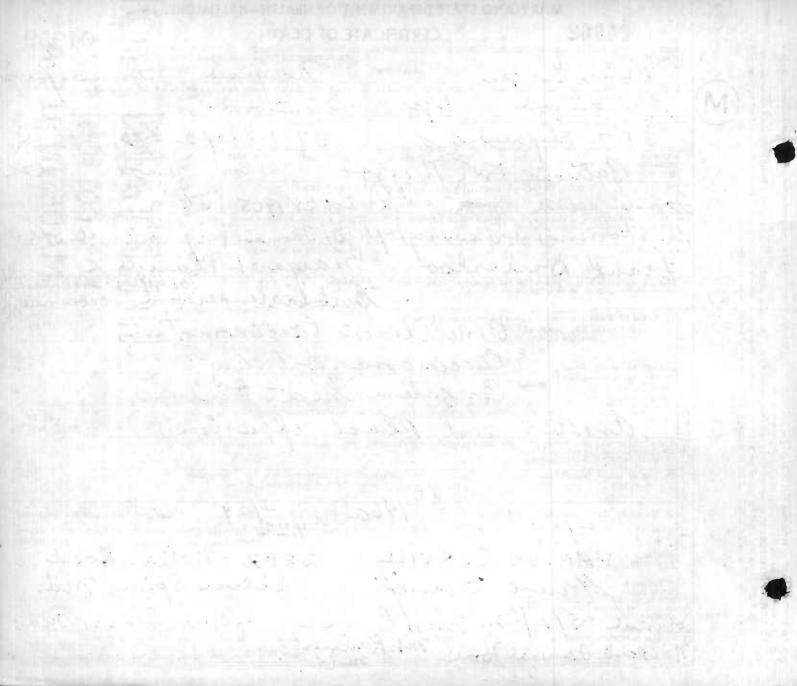
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04951 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE **STATE** Maryland	E (Where deceased lived, If institution: b. COUNTY Prince Goo	The state of the s
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Cheverly 7 Hrs. 7 Mins.	c. CITY OR TOWN (If	outsida corporete limits, write RURAL an	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat eddress) Prince George's General Hospital	d. STREET ADDRESS 569 Hill R	load, Huntsville	IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECEASED (Type or print) Baby Girl	Newman.	4. DATE Month OF DEATH April	24 19 62
Female Colored WIDOWED DIVORCED	April 24, 19	9. AGE (In yeers lest birthdey) yrs. IF UNDER Months	1 YEAR IF UNDER 24 HRS. Deys Hours Mig.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 13. FATHER'S NAME	Prince Geo	rge's, Md.	TIZEN OF WHAT COUNTRY?
James Harold Newman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		lia Robinson Newman	n
(Yas, no, or unkown) (Ifyesgivewerordatesofservica)	Mother	Same as above	
PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which geve rise to immediate ceuse (e), stating the underlying Ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CITETRIBUTING CAUSE OF DEATH	eft lung	al disease condition given in par	ONSET AND DEATH LEFE IT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL/ Hour a.m. While work at work 21. I certify that (I) (this hospital) attended the deceased from.	ACE OF INJURY (Home, farm, fory, street, office bldg., etc.)	20f. (City or town) (Cou	.62, that (1) (we) last the date stated above
22c. PHYSICIAN'S NAME (Type) Ir. Joseph J. McDonald	7309 Riggs	RECTOR PHYS. PHYS. Rd., W.Hyattsville	4/26/62 e, Md.
23b. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CHMETERY Cremation May 5, 1962 Prince Geo. G	en Hospital	Cheverly, Maryla BY REGISTRAR 25b. REGISTRAR'S	nd
Harry W. Penn Andmingstrator	DATE MA		
	U		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04982 CERTIFICATE OF DEATH Reg. Dist. No. 14959 director, with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission filed o. COUNT b. COUNTY MARYLAND funeral old be fi b. CITY OR TOWN (If outside corporate limits, write RUELL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 should rentrogod 11 Vivoo d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION by YES | NO and 2 NAME OF 4. DATE Middle Lost Mont Yeor filled DECEASED OF DEATH (Type or print SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS completely lost_birthdoy) Months Doys Hours DIVORCED X WIDOWED 10a. USUAL OCCEPATION (Give kind of work done 20b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign, country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Toverrinens ond corbon ofter 13. FATHER'S NAME physician remove WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT ottending 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate couse (o), stoting the underond lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (Stote) (County) foctory, street, office bldg., etc. Hour o. m. While Not while of work of work p. m. 1962 that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at 400 am, from the causes and an the date stated above. alive an 080 DATE SIGNED ADDRESS (Street DIRECT be 0 D PHÝSICIAN'S poge 3 sho NAME (Type) TO FUNERA 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR VS A1S (4) DATE MAY 3 15M 9/SB



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY, nd 2 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearast town) c. LENGTH OF STAY IN 16 RURAL and give neerest fown) e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NOT completely papers. 3. NAME OF DATE Middle Day Year DECEASED OF DEATH (Type or print) 196 5. SEX ACE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE and last birthday) Months Days Hours physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME MAIDEN MAME (Yes, no, or unkown) | (If yes give war or dates of service INTERVAL BETAVEEN 18. CAUSE OF DEATH [Enter only one cause per lina (e) (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediata cause DUE TO (e), stating the underlying WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATION 80 PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH MEDICAL 20e, PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) (County) Month, Dey, Year fectory, street, office bldg., etc. Not While Hour a.m. et work at work, 19...., that (I) (we) last from the causes and on the date stated above. 22b. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 4 23d. LOCATION (City, town or county) (Stata) 23a. BURIAL, CREMATION, 0:58 REMOVAL (Specify) Mummasburg Cemetery Twp. Adams Co.Pa. Franklin Burial 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Gettysburg Penna. 15M 7/61 arthur S. Thous

RYLAND STATE DEPARTMENT OF HEALTH

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TO WORPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be expected within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO WORRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fungal director, page 3 should be detached for use as the burial-transit permit. Then please-temove carbon papers. Pages 1 and 2 show if be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04954. CERTIFICATE OF DEATH 04961

a. COUNTY		a. STATE	NCE (Where d	eceased livad, If b. COUN		enca before edmission)
Prince Georges	MARYLAND	a. SINIE	D. C.	b. cool	-	
b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c, CITY OR TOWN	If outside con	porata limits, writ	RURAL end give	e nearast town)
Glenn Dale (rural)	3 months &	198-119-1	Washin	rton	1	+7X-3
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	spitel, giva street address)	d. STREET ADDRES		3		e. IS RESIDENCE ON A FARM?
Glenn Dale Hospital			1827 C	orcoran	st. Nt	YES NO MA
3. NAME OF First	Middle	Last	4. DATE	Month	De	y Yeer
DECEASED (Type or print) Toggarb	0	OPM - : 77 C-	OF DEATH	1.	00	19 62
5. SEX 6. COLOR OR RACE 7 MARRIE	U.=	O'Neill, Sr		AGE (In years	IF UNDER 1 YEAR	- 02
7. MAKA	THE TER MARKED	11/28/09		last birthday)	Months Days	_
Male White WIDOW		/ - / /	1 0 51-1	52 уг.	110 CITIZEN	OF WHAT COUNTRY?
10b. I done during most of working life, even if retired)	CIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Co	ounty & Stete, or	foreign country)	12. CITIZEN	OF WHAT COUNTRY
Unknown	Unknown	P	a.		I	J.S.A.
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME			
Charles O'Neill		Esther	Charash	naw		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) (Ifyesgivaweror detesofservice)	SOCIAL SECURITY NO. 17. I	NFORMANT		Address		
	nknown De	ecedent				
18. CAUSE OF DEATH [Enter only one cause per						NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	inome of the l	navrous seith a				ONSET AND DEATH
IMMEDIATE CAUSE (a) Carc	THOMS OF THE TS	SLAUX MIPU	metastas	ses		3 yrs.,
DUE TO						
Conditions, if and, which (b)						-
(a), steting the underlying DUE TO						
cause last. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CO.		OT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
Left radical neck diss	ection, 6/61					YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO Left radical neck diss 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED	. (Enter neture of injury	in Part I or Pert	II of item 18.)		
(IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Month, Dey, Yeer 20d.		CE OF INJURY (Home, f		ty or town)	(County)	(Stete)
20c. TIME OF INJURY Month, Dey, Yeer 20d, While Hour a.m. 19	1401 ALIIII	ory, street, office bldg.,	atc.)			
		1/12/	1060	1./22/	1062	that (I) (we) last
21. 1 certify that (I) (this hospital) atter		3	- 111			
	19.62., and that	death occured at.		n the causes	and on the	22b. DATE
22e. SIGNATURE		ATTENDING	MED.	STAFF	, ,	SIGNED
vun vun	/ M	.D. PHYS.	DIRECTOR	PHYS.	_4/	23/1962
22c. PHYSICIAN'S NAME (Type) Man Literan M. D.		22d. ADDRESS	Glen	n Dale H	ospital	
NAME (1990) Moe Weiss, M.D.	•		Glen	a Dale,	Md	
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC	ATION (City, to	wn or county)	(State)
Burial 4/27/62	Cedar Hil	1_Cemeter	V STE	itland.	Marvl	and
24 FUNERAL DIRECTOR'S SIGNATURE 2557	Wasserson		REC'D BY REGIS	TRAR 25b. RE		
Robert A Dupphreview	Bethesday Ma	y land DATE	APR 3 0	62 6	irilar I. 71	MAHE
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MARYLAND STATE DEPARTMENT OF HEALTH

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: .. COUNTY Prince George's e. STATE b. COUNTY MARYLAND Prince Maryland George's b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give necrest town write RURAL and give nearest town)
Cheverky DOA Hyattsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? 4003 Queensbury Road Prince George's General Hospital YES NO 3. NAME OF 4. DATE Month Dev Year DECEASED (Type or print) DEATH April 62 Elizabeth Agnes Payne 19 MEDICAL EXAMINER: This certificate should be executed within 24 hours after death te the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be not perform to the Chief Medical Examiner's Office along with form PM3. Page 5 may be not perform the transit permit. File pages 1 and 2 with 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months House Min. WIDOWED XX DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratirad) Delicatessen West Virginia U.S.A. Merchant 13. FATHER'S N'AME 14. MOTHER'S MAIDEN NAME Jennie Crim EB UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 4005 Queensbury Road (Yes, no, or unkown) | (If yes give war or dates of service) Betty Jane Knight, Hyattsville, Md. UNKNOWN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Intracerebral Hemorrhage IMMEDIATE CAUSE (a) **DUE TO** Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION burial, execute the certificate, writing the word mould be forwarded to the Chief Medical EFUNERAL DIRECTOR: Page 3 should be PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of itam 18.) prior CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy 🗶 . Inspection X Inquiry and in my opinion death resulted from Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE ils DEPUTY MEDICAL EXAMINER 6 21. 1962 EXAMINER'S NAME (Type) TO FU. Health James Address (Street, city, town, or county) 22a, BURIAL, CREMATION REMOVAL (Specify) VR A15ME unhung S. Kraus

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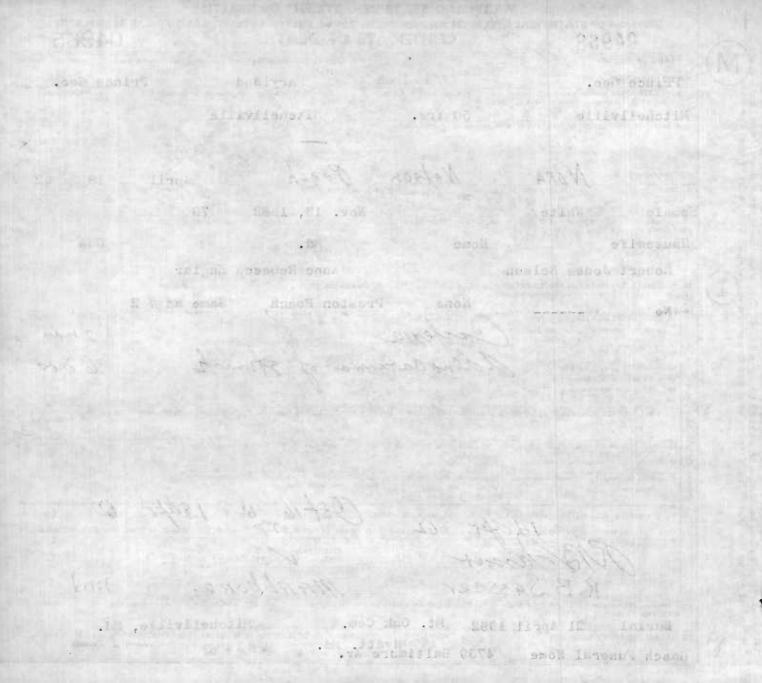
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FOR STATE	3	04967	MI	EDICA	L EXAMIN	ER'S	CERTIF	ICAT	E OI	F DE	ATH	(MO	CA	
HEALTH DEPT.	1.	PLACE OF DEAT		tem 8	Film 0312	2/1	2. USUAL RI	ESIDENC	E (Whare	daceesed	lived, If in	estitution	Residence	e before	admission)
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SEE IM		b. CITY OR TOWN write RURAL on	(if outside corporate lined give neerest town)	nits,	c. LENGTH OF STAY	IN 1b	c. CITY OR			0.00	mits, writa	RURAL	ind giva n	aarest tov	vn)
is nece your f	_	Cheverly	UTAL OF INSTITUTION	(if not in h	3 mos. 11	days	Id. STREET A		rlbor	0				I a IS D	ESIDENCE
Boa Boa			eorge's Gen			55)	Box							ON	A FARM?
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aft bo 35.	5.	SEX	6. COLOR OR RAC	E 7. MARR	IED NEVER MARRIED	D 8.	DATE OF BIRTH				(In years	The second second		IF UNDER	R 24 HRS.
and		emale	Colored	WIDOW	LAN	broad	3-10-16	191	17	15	yrs.				
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ours Bas 1 es 1	13	FATHER'S NAME		101	usewife		Wast	-	ton,	D.C	•		U.S	5.A.	
PM3 PM3 Pag pag witi			Scrivner				Eliza								
thin Signature of the state of	15.	WAS DECEASED F	VER IN U.S. ARMED FO	R CES? 16	. SOCIAL SECURITY NO). 17. I		abec.	11		Address				
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vord cal E d be emat	<												1	-	NO 🖸
he w he w hedic hould cre	CERTIFIC	20a. EXTERNAL C	ONTRIBUTING [RIBE HOW INJURY OCC				I or Part II	of item 1	3.)				
INER ting the nief N s 3 st burial		CAUSE OF DEATH			nflagration				1 201 11	City or tow		16			(5)
Chi Chi	MEDICAL	2100 P.m.		34/1-	II- N-AWEII-		ry, street, office l		1		o, Pr		ounly)	2005	(Stata)
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AL I		death resulted		-	- James			micide			nined ma	1		,	pillon
the certification of ageing				-				AEDICAL E	XAMINER						
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SUTY I execute and be for the formal of the		EXAMINER'S	Dr. Paul C						EXAMINE		7	179	ne	26/1	760
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0 g 4 0 g		REMOVAL (Specific Burial			Harmony				High	hlan	d Pa	rk		Mo	d.
H H	23	FUNERAL DIRECT	Myrtle K.	Rol	- Depres	7 .			D BY REGI	STRAR 2	24b. REGI	STRAR'S		IRE	
VS. A15ME 5M 9/60		Pollen	5 4	+339	Hunt 1-	1.	N. 8	DATEMA	Y 2 '	62	Cir	Chur L	. Hum	A	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04965

1. PLACE OF DEAT	rh	*	11	RESIDENCE (Where deceese		Residence before admission)
TO	-00	MARYLA	e. STATI	Maryland	b. COUNTY	ice Geo.
b. CITY OR TOWN	(if outside corporete limit:			OR TOWN (If outside corporete		
write RURAL e	nd give neerest town)		1			
Mitchelly	ille	50 Yrs.		itchellville		
d. NAME OF HOS	PITAL OR INSTITUTION (if	not In hospitel, give street eddress)	d. STREE	ET ADDRESS		is residence ON A FARM?
			-	The second secon		YES NO
NAME OF	First	Middle	Les	4. DATE	Month	Dey Yeer
DECEASED	11	1/	D	OF	, A. O. H. H.	
(Type or print)	IVORA	Ne150n	() 00	ach. DEATH	April	18 19 62
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BI	RTH 9. AG	E (In yeers IF UNDER 1	YEAR IF UNDER 24 HRS.
		4				Deys Hours Min.
emale	White	WIDOWED DIVORCED	Nov. 1	3, 1882 79		TEN OF WILL COUNTRY
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Housewife		Home	M	d		USA
13. FATHER'S NAME		Home		R'S MAIDEN NAME		UDA
Dahama	T N. 1					
	Jones Nelso			e Rebecca Eng.		
	EVER IN U.S. ARMED FOR ((Ifyesgivewerordetesofse		17. INFORMAN	r	Address	
		None	Preston	Peach Same	e as # 2	
1 18. CAUSE OF	DEATH (Enter only one	ceuse per line for (e), (b) end (c).]			, _	I INTERVAL BETWEEN
PART I. DEA	ATH WAS CAUSED BY:	10 - 10 110				ONSET AND DEATH
1	IMMEDIATE CAUSE (e)_	(acresia				2 mas
	DUE TO	11		1 1		
Conditions, if or	ny, which (b)	Malus Car	engua-	of strongets		6 mos
geve rise to imme	diate ceuse	0-00140000		1 10.000/2		0 1100
(e), steting the	underlying DUE TO		1			
ceuse lest.	(c)_					
PART II. OTH	ER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMINAL DISEASE CONT	OITHON GIVEN IN PART	T 1(e) 19. WAS AUTOPSY
		Carlotte Control of the Control of t				PERFORMED?
PART II. OTH 200. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTIL					10.1	1153 1 110 12
OR CONTRIBUTION	WAS UNDERLYING IG CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCC	CURED. (Enter neture	of injury in Pert I or Pert II of ite	m 18.)	
(IF EITHER, NOTIL	FY MEDICAL EXAMINER)					
ZOc. TIME OF IN	JURY Month, Dey, Yee	r 20d, INJURY OCCURRED 20	e. PLACE OF INJURY	Y (Home, ferm, ; 20f. (City or to	wn) (Cou	inty) (Stete)
20c. TIME OF IN		WhileNot While	fectory, street, offi	ce bldg., etc.)		
¥ p.m	. 19	et work ef work	Ma	1		
21. I certify	that (1) (this hospit	al) attended the deceased f	rom / Sc	-16 1962 to 1	8apr 19	that (I) (we) las
	11	1 Nex 10/2)	that double and	ured at 2.40 M, from the		the date stated above
	ased alive on	.C. January C. Am, and	mai deam occ	ured arz/ Irom ine	causes allu oli i	22b. DATE
220. SIGNATURE	TM /1		ATTEND	ING MED ST	AFF	SIGNET
//	VINTA	sself	M.D. PHYS.	DIRECTOR PH	IYS.	
22c. PHYSICIAN			22d. Al	DDRESS , 1		
NAME (Typ	P. B. X	sseer	m	ARLBORD	,	md.
a supplied control	TION LOSS DAYS THE		TERY OR CREMATO		Y (City, town or count)	y) (Stete)
REMOVAL (Specif	TION, 23b. DATE THER	ZSC. NAME OF CEME	TENT OR CREMATO	Z3G, LOCATION	· (Sily, lown or count	71 (31616)
Burial	21 April	1962 Mt. Oal	c Cem.	Mitche	llville, N	1d -
4 FUNERAL DIRECTO		ADDRESS		25e. REC'D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE
		4739 Baltimo	ratt. Md.	DATE APR 2 4 '62	Current a	d. Times
Gasch Ful	neral Home	4709 Dal Cillo	I C AV.	DAIL		



. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decreesed lived, If institution; Residence before edinission) a. COUNTY b. COUNTY Prince George's Maryland Prince George's MARYLAND b. CITY OR TOWN (if oulside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) D. O. A. Kent Village d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? 7220 Euclid Prince George's General Hospital YES NO X 4. DATE Month Year OF (Type or print) DEATH 19 62 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 42 yrs. Months Hours January 22,1920 WIDOWED Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page s 1 and dona during most of working life, even if retired) ve Pages 1 PM3. Pag B&O RR Pennsylvania U.S.A. Yard helper pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Florence May Kirkland Phillip Fulmer Peters 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no. or unkown) | (Ifyesgivawarordatesofservice) Thelma Dotson Peters, same Yes 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) LNFARCTION - ORONARY ARTERY OCCUSION gava rise to immadiate cause DUE TO (a), stating the undarlying Examiner CERTIFICATION PERFORMED? NO 20b, DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata) factory, streat, office bldg., etc.) Not While et work at work DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 🔀, forwarded to Inquiry X and in my opinion Natural causes X. Accident . Suicide Undetermined manner death resulted from: Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER TO 5 4/12/62 NAME (Type) I. BOYD, M.D. Address (Straet, city, town, or county) 22d. LOCATION (City, town, or country) 22a. BURIAL, CREMATION, 40 4-16-1962 FORT LINCOLN CEM 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE APR 1 7 '62 Orthur & Harris

i loagted soniti A.C. P. Market M. Franchis TE TALLOW COST Filiate George Lautebawat Rocal tel Je 1000, 20 ayrenieb The second of th Samuel Contract of the Say Contract CARROLLER OF PROCESSANDERS SINIAL 4-16-1712 FAT LICELY CON BLANCES STORY MARKET Will the west of the state of the AND AND THE PARTY OF THE PARTY

	MARYLAND STATE DES DIVISION OF STATISTICAL RESEARCH AND RECORDS,	PARTMENT OF HEALTH 301 W. PRESTON STREET, BA	LTIMORE 1, MARYLAND
	04970 CERTIFICATE	OF DEATH	04967
1	PLACE OF DEATH a. COUNTY Prince George's MARYLAND	e. STATE	sed lived, If institution, Residence before admission b. COUNTY b. COUNTY c limits, The Condense of town)
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Cheverly 55 minutes	c. CITY OR TOWN (If outside corporate Hyattsville STREET ADDRESS	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Prince George's General Hospital	5116 Flintridge Dr.	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF First Middle DECEASED (Type or print) Baby Boy	Peters 4. Date OF DEATH	April 26 1962
	Male White WIDOWED DIVORCED	April 26, 1962	GE (In yeers of the property o
10	Da. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or fora	ign country) 12. CITIZEN OF WHAT COUNTRY
	Gordon A Dotons	14. MOTHER'S MAIDEN NAME Ruth Virginia Bake	294
1	Gordon A Peter S. WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unkown) (Ifyasgivawarordalesofservice) (16. SOCIAL SECURITY NO. 17.	INFORMANT TISTITA DAKE	Address
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if any, which geve rise to immediate cause (e), stating the underlying cause lest. DUE TO (c)	reter 15 mm pe wyslu of men	hom plus
CEPTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Part II of	YES NO
MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or trory, street, office bldg., etc.)	town) (County) (State)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 196.2., and that 220. SIGNATURE	t death occured by Man, from the	ne causes and on the date stated above STAFF 22b. DATE SIGNE
	22c. PHYSICIAN'S NAME (Type) Dr. John Kehoe		рнуs. 2 5-2-62
2	38. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	or CREMATORY 23d. LOCATIO	ON (City, town or county) (State)
0		7 1	R 25b. REGISTRAR'S SIGNATURE

p pinton year The state of the s The search of th A Company of the Contract of t Harry W. Fond, It. Auchiniator & Commission of the Commission of t

and in any event, within 72 hours after de ASPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be age 4 may be retained by the hospital or attending physician.

**ERAL DIRECTOR: After this certificate has been signed by the attending physician and or, page 3 should be detached for use as the burial-transit permit. Then please remove carbed with the State Dept. of Health prior to burial, cremation, or removal and in any event, we TO HOSPITAL

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24 hours after	by the
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OA 971

CERTIFICATE OF DEATH 04971 04968

			01000		
)	1. PLACE OF DEATH a. COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (Where deceased fived, If institution: Resi- e. STATE Maryland b. COUNTY Prince			
7	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give research town 19 Add that Cheverly 3 Hr	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 73 Adalphi			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) Prince George General Hospital	d. STREET ADDRESS 2515 Buok Lodge Road	a. IS RESIDENCE ON A FARM? YES NO		
	3. NAME OF DECEASED (Type or print) Plice P	Powell 4. DATE Month OF DEATH A pr. 2	2 19 62		
	Female White WIDOWED DIVORCED	July 5, 1888 9. AGE (In years FUNDER 1 YE.) Months Day yrs.			
	100. USUAL OCCUPATION (Give kind of work dona during most of working life, evan if retired) HOUSEWITE 3. FATHER'S NAME	11. BIRTHPLACE (County & State, or foreign country) Brooklyn N.Y. 14. MOTHER'S MAIDEN NAME	A A		
	Carlton Prankard	Martha C Marshall			
)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address	(Son)		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOS Conditions, if any, which gave rise to immediate cause Conditions, if any, which	i lure	INTERVAL BETWEEN ONSET AND DEATH		
Į.	(a), stating the underlying Coronary Arteriosci cause last. (c)		Years		
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING 208. ACCIDENT WAS UNDERLYING CONCREDUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH ILLE FITHER, NOTIFY MEDICAL EXAMINER	IT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1	PERFORMED? YES NO		
		, (Enter nature of injury in Part I or Part II of item 18.)			
		CE OF INJURY (Home, farm, 20f. (City or fown) (County ory, street, office bldg., etc.)	r) (Stata)		
	21. I certify that (II) (this hospital) attended the deceased from saw the deceased alive on				
1	22c. PHYSICIAN'S R.D. Bauer, M.D. M. NAME (Type) P. D. Bauer, M.D.	DIRECTOR DIPHYS. DIPHYS. DIRECTOR DIPHYS. DIRECTOR DIPHYS. DIRECTOR DIPHYS. DIPHY	22b. DATE SIGNED Adalphi, Md.		
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CORRESPONDED PROPERTY OF THE P	netery Falls Church. Va			
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG			
	Pearson Funeral Home Falls Church,	Va. DATE APR 25 '62 arthur 8, 1	Trave		

of a wall was the than agent your last a farmer I work a roof must be · Will will be suited Teven and the state STATE OF STA The state of the s Tenent for Follow of Salkon Laten time to be for a second of Association of the force of the property of . I do no company to the company of The Bound of the Lates of the The state of the s

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. O FONERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove, carbon papers. Pages 1 and 2 should be filled in by the funeral be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

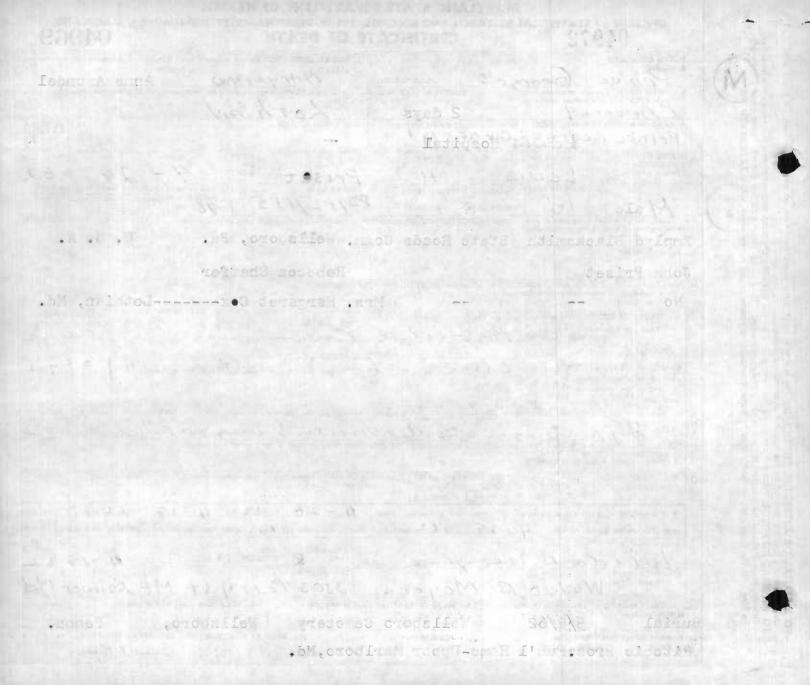
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04972 CERTIFICATE OF DEATH 04969

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
Prince George's MARYLAND	a. STATE MACUL SAND b. COUNTY
b. CITY OR TOWN (if outside corporate limits; c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	1 . 1
Chevery 2 days	LOTHIAN OLX.L
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Prince Gegracia Chospital	YES NO NO
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
(Type or print) Lewis H	Priset DEATH 4-29 1962
	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male WIDOWED N DIVORCED	F-18-1885 lest birthday) Months Deys Hours Min.
10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Emplyd Blacksmith State Roads Cor	mm. Wellsboro, Pa. U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Priset	Rebecca Shaffer
	NFORMANT Address
(Yes, no, or unkown) (Ifyesgivewarordelesofservice)	rs. Margaret CexLothian, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTÉRVAL SETWEEN
DADT I DEATH WAS CALISED BY.	ONSET AND DEATH
IMMEDIATE CAUSE (0) /2 vonelial	Promoura 5days
526X DUE TO	
Conditions, il eny, which) (b) Chronic T	une Pera (Brondentin) 2+ yrs
geve rise to immediate cause	
(e), stating the underlying cause last.	
[6]	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
2 11	PERFORMED?
OR CONTRIBUTING TI CAUSE OF DEATH	(Enter neture of injury in Part I or Pert II of item 18.)
	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
Hour e.m. P.m. While Not While texts et work et work	ory, street, office bldg., etc.)
	4-26, 1962 to 4-25, 1962 that (1) (we) last
	death occured a
220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
Waldo B. Moner M	.D. PHYS. DIRECTOR PHYS. 4-29-62
22c. PHYSICIAN'S NAME (Type) 14/2 / 1	22d. ADDRESS
Waldo B. Moyers	3503 Perry It. Mt. Kainier I'd
236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 5/4/62 Wellsboro	Cemetery Wellsboro. Penna.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Ritchie Bros.Fun'l Home-Upper Mar.	
Tractite proper an T Home-obber Mat.	1 DOPO, MAX 7 '62 arthur S. Thank



STATE TH DEPT.	1.	U497	0	MEDICAL	. EXAMINI		ATE OF DEA	ATH	04970
5		. COUNTY		man ta	MARYLI	a. STATE		b. COUNTY	Residence before edmission
ME		b. CITY OR TOWN write RURAL an	nce Geo (if outside corporete d give neerest town	limits,	c. LENGTH OF STAY	IN 1b c. CITY OR TOW	istrice o	T GOLUME mits, write RURAL an	d give neerest town)
Departitude desartitude desart	_	Rive	rdale	ON (if not in hosp	D.O.A.	d. STREET ADDRE	hington		47X·3
State	3.	NAME OF	lemorial	Hospit	Cal	300 Ga	llatin St	N. W.	YES NO
the		DECEASED (Type or print)	Δ	ndrew	Leo	Radcliffe	OF DEATH	anni I	29. 1962
with 72 h		SEX	6. COLOR OR R	ACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE	(In yeers IF UNDER	YEAR IF UNDER 24 HR
hin 7	1	Male	Colore	WIDOWED	DIVORCED	Feb. 10,	1904 58	irthdey) Months yrs.	Deys Hours Min.
Wit			orating the, even it i	oniou)					IZEN OF WHAT COUNTE
ges	13.	FATHER'S NAME	aster (Retired	i) U.S.G	ov t. Distri	ct of Col	umbia	U.S.A.
- S - S			adcliff				Jackson		
E(I)	15.	WAS DECEASED E	ER IN U.S. ARMED	FORCES? 16. S	SOCIAL SECURITY NO.	17. INFORMANT	Jackson	Address 107 - L	America D
and	(16:		lfyes give wer or deta		Halen own	Florence Te	alegon Ped	Wasi	ington, D
٥.,	1		ARREST CO.		OILVIIOMII	L TOT GILCO OB	ickson user	CTTTTP' 7	TA TOR DO
On the CO						Florence Ja			INTERVAL BETWEEN
ransit									ONSET AND DEATH
ial-transit			H WAS CAUSED B	Y: LAC	ERATION	s, SPINAL	CORD		ONSET AND DEATH
burial-transit		PART I. DEA	TH WAS CAUSED B IMMEDIATE CAUSE DUE	Y: LAC	ERATION	s, SPINAL	CORD		ONSET AND DEATH
as a burial-transit ation, or remova		PART I. DEA	TH WAS CAUSED B IMMEDIATE CAUSE DUE y, which	Y: LAC	ERATION		CORD		INTERVAL BETWEEN ONSET AND DEATH
ed as a burial-transit remation, or remova		Conditions, if an gave rise to immed (a), steting the cause lest.	TH WAS CAUSED B IMMEDIATE CAUSION DUE y, which liete ceuse anderlying DUE	Y: (a) LAC (b) FRA (c) (c)	ERATION.	S, SPINAL CERVICAL	CORD	BRAE	ONSET AND DEATH
e used as a burial-transit all cremation, or remova	NOI	Conditions, if an gave rise to immed (a), steting the cause lest.	TH WAS CAUSED B IMMEDIATE CAUSION DUE y, which liete ceuse anderlying DUE	Y: (a) LAC (b) FRA (c) (c)	ERATION.	s, SPINAL	CORD	BRAE	ONSET AND DEATH
ide be used as a burial-transit be used as a burial-transit cremation, or remova	CATION	Conditions, if an gave rise to immed (a), steting the cause lest. PART II. OTHE	H WAS CAUSED B IMMEDIATE CAUSI y, which lete couse underlying R SIGNIFICANT CO	Y: (a) LAC (b) FRA (c) (c)	ERATION.	S, SPINAL CERVICAL	CORD	BRAE	ONSET AND DEATH
mouse Lyaniner's Onice along hould be used as a burial-transit to burial, cremation, or remova	RTIFICATION	Conditions, if an gave rise to immediate (a), steting the cause lest. PART II. OTHE	H WAS CAUSED B IMMEDIATE CAUSI y, which liele ceuse underlying R SIGNIFICANT CO AUSE WAS DATRIBUTING	Y, E(0) LAC ETO FRA ETO (c) ONDITIONS CONT	ERATION CTURED	S, SPINAL CERVICAL	CORD VERTE	B RAE	ONSET AND DEATH T 1(e) 19. WAS AUTOPS PERFORMED?
ion medical Examines a Onice along 3 should be used as a burial-transit rior to burial, cremation, or remova	L CERTIFICATION	Conditions, if an gave rise to immed (a), steting the cause lest. PART II. OTHE 20a. EXTERNAL C PRIMARY LATER CAUSE OF DEATH	WAS CAUSED B IMMEDIATE CAUSI y, which liele ceuse anderlying R SIGNIFICANT CC AUSE WAS ONTRIBUTING	Y. E (a) LAC E TO FRA E TO (c) PNDITIONS CONT 2Db. DESCRIB	ERATION SCTURES	S, SPINAL CERVICAL BUT NOT RELATED TO THE TER	CORD UERTE MINAL DISEASE CONDI	B RAE	ONSET AND DEATH T 1(e) 19. WAS AUTOPS PERFORMED?
t, prior to burial, cremation, or remova	CAL	PART II. DEA' Conditions, if an gave rise to immed (a), sleting the cause lest. PART III. OTHE 20e. EXTERNAL C PRIMARY LE OF CC CAUSE OF DEATH 20c. TIME OF INJI	THE WAS CAUSED BY IMMEDIATE CAUSING DUE Y, which liele ceuse anderlying DUE R SIGNIFICANT CO AUSE WAS DITRIBUTING D JRY Month, Dey	Y. E (e) LAC E TO (b) FRA E TO (c) DNDITIONS CONT 2Db. DESCRIB Stru Y. Yeer 2Dd. IN	ERATION CTURE) IRIBUTING TO DEATH DE HOW INJURY OCCUR LOK by Car NUMBER OF THE PROPERTY O	S, SPINAL CERVICAL BUT NOT RELATED TO THE TER	CORD UERTE MINAL DISEASE CONDI	B RAE	ONSET AND DEATH T ((e) 19. WAS AUTOPS PERFORMED? YES NO.
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death. Page

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

14 Yrs.

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY Pr. Geo. MARYLAND Maryland c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Avondale d. STREET ADDRESS e. IS RESIDENCE ON A FARMA 2025 Woodreeve Road YES NO 4. DATE Month Day Year April DEATH 11 62 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH dost birthdoy) Months Days Hours 31 Oct. 1867 12. CITIZEN OF WHAT COUNTRY? U.S.A. Maryland

2025 INSWUNDIreeve Road NAME OF First Middle DECEASED LESTER RICHARDS WILLIAM (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Male White WIDOWED X DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Reta Conductor B. & O. R. R. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNK. UNK. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yenno, or unknown Same as # 2 Mrs. Billie J. Cain 705100060 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ANGRENE OF IMMEDIATE CAUSE (o) **DUE TO** ARTER103CLER0515 Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) foctory, street, office bldg., etc.) While Not while at work at work 21. I certify that (I) (this hospital) attended the deceased from MA) 19 62 That (1) (we) last _19 62 and that death occurred & 550, from the causes and on the date stated above saw the deceased alive on 22o. SIGNATURE ATTENDING MED.
DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS

(Stote)

04971

J. E. Bowman, M.D. 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Bur (Specify) 4/12/62 Ft. Lincoln Cemetery

23d. LOCATION (City, lown, or county) Colmar Manor

4021-18 TH ST. N.E.

(State) Maryland

24. FUNERAL DIRECTOR'S SIGNATURE

NAME (Type)

04974

Prince George's

Avondale

b. CITY OR TOWN (If outside corporate limits, write

d. NAME OF HOSPITAL (If not in hospital, give street address)

PLACE OF DEATH

F. Gasch's Sons Hyattsville, Maryland

25g. REC'D BY REGISTRAR APR 1 6 '62 25b. REGISTRAR'S SIGNATURE Cithur & Krand

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DIRECTOR:

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	U4975 CERTIFICAT	TE OF DEATH)4972
	PLACE OF DEATH o. COUNTY Prince Georges MARYLAND		Georges
	b. CITY OR TOWN (if oulside corporate limits, write RURAL and give neerest town) Cheverly 3 days	c. CITY OR TOWN (If outside corporate limits, write RURAL end g	ive neerest lown)
17-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
3.	Prince Georges General Hospital	3803 37th Ave.	YES NO NO
	DECEASED	OF	5 19 62
5.		B. DATE OF BIRTH 9. AGE (In years IF UNDER I YE last birthday) Months De	AR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	18 Dec. 1889 72 yrs.	
do	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZE	N OF WHAT COUNTRY?
13.	Retired City 1854 Office	14. MOTHER'S MAIDEN NAME	18.
	Joseph Rechardson	Virginia ?	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	INFORMANT	ove.
	M	ary G. Kichardson, 1	vife
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART L DEATH WAS CAUSED BY, A		ONSET AND DEATH
	IMMEDIATE CAUSE (6) ACUTE Myocandia	al infarction.	
	Conditions, if ony, which (b) arterios cleratic A	least disease	
	gave rise to immediate cause	120001 0000 0000	
	(e), stating the underlying solution (c) Bilat. pulm. en	ngeotion	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enfer neture of injury in Pert I or Part II of item 18.)	
MEDICAL	p.m. 19 et work et work	tory, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1962, and that	t death occured at 15.15.14 on the causes and on the	
	22a. SIGNATURE	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
		22d. ADDRESS	
,	22c. PHYSICIAN'S NAME (Type) Dr. Teil Bergemann	53A Crescent Rosa G	car belt
7 23	NAME (Type) Dr. Teil Bergemann	9R CREMATORY 23d. LOCATION (City, town or county)	r, md.
3	NAME (Type) Dr. Teil Bergemann La. BURIAL, CREMATION, 236, ADATE THEREOF 23c. NAME OF CEMETERY	53A Crescent Rosa &	r Md.

MARYLAND STATE DEPARTMENT OF HEALTH

EXPERIMENTAL OF THE the state of the s lylmes door general despital according to the hour all field meanwhile is a verse eside ela 18 Dec. 1889 72 m grand Reduction Tengence many & Reducalisan large Dr. Tell Bergemann grand H28/621 Fort Karenby Common man & T the same of the sa

RTMENT OF HEALTH CERTIFICATE OF DEATH 1. PLACE OF DEATH e. COUNTY b. CITY OR TOWN c. LENGTH OF STAY IN 16 e. CITY OR TOWN (If outside corporate limits, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) completely NAME OF DATE DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED ast birthdey) pue car WIDOWED D DIVORCED USUAL OCCUPATION (Give kind of work done during most of working life, even if retired 13. FATHER'S NAME ARMED FORCES? (Yas, no, br (unkown) | (Ifyes give war or detes of sarvice) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), steting the underlying cause lest. 20e. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY factory, street, office bldg., etc.) Not While Hour am et work et work 21. | certify that (1) (this hospital) attended the deceased from 5.... to.13 22e. SIGNATURE ATTENDING DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, | 23b. DATE THERPOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) E G OG VR A15 (4)

15M 9/60

301 W. PRESTON STREET, BALTIMORE 1.

2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) write RURAL and give neerest town . IS RESIDENCE ON A FARM? YES NO Dey Month AGE (In Years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO / (State) (County) 19.6. 4that (1) (we) last . L. and that death occured at A.M. from the deuses and on the date stated above, 22b. DATE SIGNED RIVEROALL 23d. LOCATION (City, town or county, (State) 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MENT RESPONDED TO THE PARTY OF 2/2/5/47 ALEXAN DESC MASHOURDE NATIONAL HOMES - STOLLING ESTERNING LIFE FORTHER FRENCH FROM TO SERVICE WHITE STATES STATES TO SERVICE TO HOUSELANDED BY MARIE PRINCERED SHADOWS TO SEE SERVICE DEWNISON FILTE SPANISON AS LESS NOVE CLADYS E HADEN TELL The second of the second The state of the s A THE STATE OF THE ELECTE THE TODAY GAMES CON LOWER A SERVE HOW

7	DIVISION 0497			ARCH AND RECO	ORD		ON STRE				14 974
M	PLACE OF DEATH	rince Georg	ges	MARYLAI	ND	a. STATE Mar	yland	eceesed lived, If b. COU	1000 4		befora admissio
c)	write RURAL and	outside corporate limit: give nearest town) hever ly	5,	c. LENGTH OF STAY IN	V 1b	c. CITY OR TOWN	(If outside con		e RURAL and	give ne	arest town)
77	d. NAME OF HOSPIT			spital, give street address) Hospital		d. STREET ADDRESS					e. IS RESIDENC ON A FARM YES NO
	NAME OF DECEASED (Type or print)	First Baby		Middle Girl		Robinson	4. DATE OF DEATE	Mont Ap	ril	Day 16	Year 19 62
	Female	Black	7. MARRIE	ED NEVER MARRIED X	8	. DATE OF BIRTH 16 April 1		last birthdey) yrs.	Months De	ys	F UNDER 24 HRS Hours Min. 40
	Da. USUAL OCCUPATION done during most of wo NONE 3. FATHER'S NAME	ON (Give kind of work rking life, even if retired	10b. K	AND OF BUSINESS OR IN	OUSTR	Marylan 14. MOTHER'S MAIDE	d	r foreign country)		EN OF	WHAT COUNTR
1	Role 5. WAS DECEASED EV	nd F	CES? 16.	SOCIAL SECURITY NO.	17. 1	MarylHel		kins Addres	\$		
(Yes, no, or unkown) (II	yes give war or dates of se	rvice)	line for (e), (b), end (c).)		Mother		_	s above		RVAL BETWEEN
2	Conditions, if any geve rise to immedia, stating the uncause lest.	ote cause DUE TO (c)_	F	oulmonary Ate	noi	d tumor of r		CONDITION GIV	VEN IN PART 1		. WAS AUTOPSY PERFORMED?
	2Da. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	MEDICAL EXAMINER)		SCRIBE HOW INJURY OCC				II of item 18.)	(Count	26	(State)
	- Print	19	While et wo	e Not While rk at work	faci	CE OF INJURY (Home, fe- ory, street, office bldg., e-	(c.)				
		alive on	al) after 4/1	ida	that	death occured at ATTENDING PHYS. 22d. ADDRESS 730 90	19.63 to 2.50 Aro DIRECTOR [the causes STAFF PHYS.	and on th	e dat	at (I) (we) la e stated abov 22b. DATE SIGN
0	38. BURIAL, CREMATI REMOVAL (Specify) Cremation 4 FUNERAL DIRECTOR Harry W.	'S SIGNATURE		ADDRESS T	_	en Hospifal	Chev	erly, Md errar 25b. Re '62			

z within 24 hours efter

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Division of STATISTICAL W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edinission) e. COUNTY b. COUNTY Prince George's Maryland Prince George's MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) Riverdale

d. NAME OF HOSPITAL OR INSTITUTION (it not in hospitel, give street eddress) Berwyn Heights
d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X Leland Memorial Hospital 3. NAME OF Year DECEASED OF (Type or print) DEATH 19 62 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 2 wit lest birthdey) Months Doys WIDOWED DIVORCED Jan 8 yrs. Male 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Give Pages 1 orm PM3. Pag U.S. Govit. pages Printer

13. FATHER'S NAME Porta Rico U.S.A. File Unknown Rodriguez

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Unknown PUTY MEDICAL EXAMINER: This certificate should be executed within in pencil in Item 18. Giv Office along with form Addres Hyattsville (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Ludwig George Rodriguez, 8219 16th. per Yes 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ovary Ott Coronary Vascular diciare Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying encoselerasis ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CERTIFICATION 19. WAS AUTOPS) PERFORMED? Medical plnods 2Do. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief age 3 MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, form, Month, Dev. Yeer 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While execute the certificate, Id be forwarded to the TERAL DIRECTOR: at work et work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection T Inquiry X and in my opinion death resulted from: Natural causes Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER FUNERAL I ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 4/26/62 EXAMINER'S pino NAME (Type) Paul C. Van Natta, Address (Street, city, town, or county) 220. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 wreat 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VR A15ME 5M 1/62

NO

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alargned control Maryland Frince Uncreals D.O.A. Borreya Berente Liverdole Leland Dosortel Hospiths Later & A. C. 199th, Livenia Later Co. Livenia Sale 18 firms semigroof _ deigni Male Multe Male 1875 1895 1875 .A.S.W ... Porto Hoc ... Wire ... W. B.A. Same Hodersons Nyathawalle, Mc. Ye c E. W. M. L. Wone Ludwig Ceorge Endwiguer, 8219 16th. Ave., Can Co covery Orchine - 1 hand Misme Comment Tourness deres as Deplum Language and and Enclosed and an enclosed - now the followed Terrel Paul G. Von Notte, M.D. 14 18 Charles and her seed to the seed to the 04979

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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F	DEATH	04976
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	°PRINCE GEORGES MARYLAND	o. STATE VIRGINIA b. COUPAIRFAX
	b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) CAMP SPRINGS 4 DAYS	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 1800 St Marks Place 83 x 3
6	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION USAF HOSPITAL, ANDREWS AIR FORCE BASE	d. STREET ADDRESS FAIRFAX VIRGINIA e. IS RESIDENCE ON A FARM? YES \(\sum NO \(\sum \)
	3. NAME OF DECEASED (Type or print) NORMAN ELLIOTT ROGERS	Last SR 4. DATE Manth Day Year OF DEATH APRIL 20 19 62
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH JULY 26 1887 9. AGE (In years lost birthdoy) 74 yrs. 1F UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN HEATING	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? AVONDALE, Pa USA
\	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	EBONEZER ROGERS	ELLIOTT
	(Yes, no, or unknown) (If yes, give war or dates of service) 578072120	Sen) Col Norman Regers, Jr. Fairfax. Va.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Collaps	INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave rise to immediate DUE TO	1 hr
	lying couse last. (c)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
0	NONE	PERFORMED? YES NO
	OR CONTRIBUTING CLOSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture af injury in Port I ar Part II af item 18.)
	ZOc. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Not while of work of work of work	LACE OF INJURY (Home, form, octary, street, affice bldg., etc.) (City ar tawn) (County) (State)
	21. I certify that X() (this haspital) attended the deceased fram.	17 April 1962, ta 20 April 1962, that *() (we) last
	saw the deceased alive an 20 April 19.62, and that	death accurred a6:55 PM ram the causes and an the date stated abave.
	Stanly R. Vayor	M.D. ATTENDING MED. STAFF PHYS. 20 April 62
	NAME (Type STANLEY R. PAYNE, LT USN, MC	USAF HOSPTTAL ANDREWS, ANDREWS AFB, MD.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CREMOVAL (Specify) 4/24/62, Celumbia Gr	OR CREMATORY 23d. LOCATION (City, tawn, ar county) ARDENS ARLINGTON (
	ARLIMATON FUNERAL HOME ARLINGTON	PAR DRIVA 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Carlly S. Krous

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral within 24 hours after PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the and 2 Maryland Prince Georges Prince Georges MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerast town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give nearest town Heights 5 Cedar 1 day Cheverly filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO PrinceGeorges General Hospital Avenue 4. DATE NAME OF Month Yeer DECEASED OF (Type or print) DEATH 1962 Girl "B" April Ross Baby 9. AGE (In yeers | IF UNDER 1 YEAR | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED K IF UNDER 24 HRS. DATE OF BIRTH last birthday) and Months Devs DIVORCED WIDOWED Black 28 April 1962 Female 12. CITIZEN OF WHAT COUNTRY 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) U.S.A. Maryland None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Wilma Mayo Charles E dward 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.I Address The law requires that the (Yes, no, or unkown) | (If yes give wer or detes of service) PHYSICIAN: The law requires that the hospital or attending physician. his certificate has been signed by the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) the burial-transit Conditions, if eny, which gave rise to immediate ceuse (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPS'Y CERTIFICATION use as PERFORMED? prior NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) MEDICAL 20e, PLACE OF INJURY (Home, ferm, ' 2Df. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED I fectory, street, office bldg., etc.) While Not While Hour e.m. et work | et work p.m. DIRECTOR: plnous 22b. DATE ATTENDING SIGNED Page 4 PHYS. DIRECTOR PHYS. 22d. ADDRESS Salvatore Battiata Riggs Rd., Hyattsville, Maryland 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 5/4/62 Prince George's Gen. Hosp. Cheverly, MD. Cremation 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 MAY 8 arthur S. Thous DATE Administrator

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH PLACE OF DEATH USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) a. COUNTY b. COUNTY Prince Georges the day MARYLAND by th b. CITY OR TOWN (if ourside corporale limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give negrest town) write RURAL end give nearest town) .5 7 uitland NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Valley Hoame. Inc completely Yeer DECEASED (Type or print) DEATH 19 and con carbon withi 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours WIDOWED DIVORCED g physician se rem 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT VER IN U.S. ARMED FORCES? 5303 Valley Rd. (Yes, no, or unkown) | (If yes give we ror detes of service) 27. O.C. INTERVAL BETWEEN ONSET AND DEATH eamor Smith Washington CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, il eny (b) geve rise to immediate cause DUF TO (e), steting the underlying cause lest PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO M 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (State) Month, Day, Yeer (County) factory, street, office bldg., etc.) While Not While Hour e.m et work et work CIOR: p.m 21. I certify that (I) (this hospital) attended the deceased from march > 26, 19.62 That (1) (we) last to.Cl 1962, and that death occured to M, from the causes and on the date stated above. saw the deceased alive SIGNATUR 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. MERAL 22c. PHYSICIAN'S 22d NAME (Type) 23a, BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMAJORY 23d. LOCATION (City, town of county) (Stete) REMOVAL (Specify) 访 0 H 24 FONERAL DIRECTOR'S SIGNATURE ADDRESS 256. KEGISTRAR'S SIGNATURE VR A1S (4) 15M 7/61 DATE

RYLAND STATE DEPARTMENT OF HEALTH

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W. PRESTON STREET, BALTIMORE 1, A Item 4 Film G312 5/3 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Rasidance before admission) e. COUNTY b. COUNTY Maryland Prince George Prince George County MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) Cheverly

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) D. C. A. Brentwood d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George Hospital 3708 Taylor Street YES NO X 3. NAME OF 4. DATE Month 2 (8°Y Yaar DECEASED OF (Typa or print) DEATH Rowley Tennyson 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 19. AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Nov. 10, 1911 50 WIDOWED | DIVORCED Yrs. IDa. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if ratired) Sheet Metal Worker Construction U.S.A. New York pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Samuel Rowley 10 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive war or datas of sarvice) No ---- 217-05-4891 Mrs. Ruth Rowley -- Same as 2d.

18. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH acute Caronary Occlusion Caronary Vasculus Esseale PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediata cause DUE TO (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO Z should 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Steta) factory, street, office bldg., etc.) Whila Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion FUNERAL DIRECT death resulted from: Natural causes . Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER That Clantla ASSISTANT MEDICAL EXAMINER - DATE SIGNED DEPUTY MEDICAL EXAMINER 50 EXAMINER'S Van Natta Dr. Paul C. NAME (Type) Address (Streat, city, town, or county) 22a. BURIAL. CREMATION. 22b. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATU A15ME DATE APR 3 0 '62 Cirching & Three

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VI)	PLACE OF DE	ATH	- U	nformation.	2. USUAL RESIDEN	ICE (Where decease			nce before admi
33/	a. COUNTY	Prince Geor	rges	MARYLAN	a. STATE Mar	yland	b. COUN	Prince	George
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77		Cheverly		2 days		ttsville			
//			_	ospital, give street eddress)	d. STREET ADDRESS				e. IS RESID
		rince Georg		eral Hospital		ltimore	Ave.		YES NO
3	NAME OF DECEASED (Type or print)	Baby		Boy Boy	Royal	4. DATE OF DEATH	Apri		Yeer 19 6
5	S. SEX	6. COLOR OR R	RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH		GE (In years st birthday)	IF UNDER 1 YEAR	
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	3. FATHER'S NAM		0 1.	n 1	14. MOTHER'S MAIDEN	n	2. 1	1	
I)	E WAS DECEASED	Clifford (erden	Royal	Donetta	Kea	Wills	en	
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N 1-	7	MARYLAND STATE DEPARTMENT OF HEALTH	
4	X	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND
- TO	M	CERTIFICATE OF DEATH	04981
s after funeral should	TAI	1. PLACE OF DEATH a. COUNTY b. COUNTY c. STATE COUNTY COUNTY C. USUAL RESIDENCE (Where deceased lived, if inserting the county of the co	
urs de fu 2 st		PRINCE DEORYE MARYLAND . STATE MARYLAND B. COUNTY	Montgomery
4 hour by the and 2 death.		b. CITY OR TOWN (if outside corporate limits, write R write RURAL end give neerast town)	URAL end give neerest fown)
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within filled in Pages ars afte	1/	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddrass) d. STREET ADDRESS A. I. A.	Street on a FARM?
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0 0 0		DECEASED (Type or prinf) JANET S. RUTTER DEATH 4	24 1962
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ficate ician ar love ca event,		Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
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th assering	T	- UNIVERSAL HENDIETTA PADI	V1=5
	T	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	le J
e atten Then oval, a		(Yas, no, or unkown) (Ifyesgiva warordatasofsarvica) Mrs. Charles M. L. Hie, ()	Davighter)
s the an. y th mit. rem		18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), end (c).)	INTERVAL BETWEEN ONSET AND DEATH
uire ysici yd b ber per		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) TWITE INTERMEDIATE CAUSE (a)	500 2 days
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N: or al e has the b	A	causa last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPSY
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NG by ffer the ched Heal		20c. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED 2Da. PLACE OF INJURY (Home, farm, factory, streat, office bldg., atc.) 4 work et	(County) (State)
NDI ined ined deta		p.m. 19 el work et work	
CTOR.		21. I certify that (I) (this hospital) attended the deceased from	, 19.12 that (1) (we) last
OR AT ay be IREC should State		saw the deceased alive on 1 19.02 and that death occurred at 2 17M, from the causes a	nd on the date stated above. 22b, DATE
OH May DIE Sish		22e. SIGNATURE TO AU P. VIA I IMA ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED.
RAL Sage 4 vith the		22c. PHYSICIAN'S 22d. APPRESS	NO. 17-6
SPITA ge or, pag od with	1	NAME (Typa) EXIKA P. KRAFMEN LAUREL DANIT,	ARIEM TAURER !
日本日本		230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town REMOVAL (Specify)	70
00053		BURIAL 4-28-1962 JOCK CARELLY WASHING	
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04985 be filed with O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 s ofter death. Page 4 may be fined by the haspital or attending physician. D FUNER & DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death. TO HOSPIT may be

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

2 SISSIAS DECIDENCE (W/hors despessed lived If institution, Peridence before admission)

1	a. COUNTY PRIN	CE GEORGES	,	MARYLAND	2. 0	Maryland	[Where deceased	b. FOUNTY	ce Ge	orge	S	,
	b. CITY OR TOWN (I	f autside carporote lim acest tawn)	nits, write	c. LENGTH OF STAY IN 16		orestvil		rote limits, write R	URAL and	give nec	arest town	n)
)	OR INSTITUTION	AL (If not in hospital, ital Andre		address)		d. STREET ADDRESS 07 79th A		1				FARM?
3	NAME OF DECEASED (Type or print)	Iren	irst e	J oy		Sanger	4. DATE OF DEATH	April	th	13	,	Yeor 1962
	s. sex Temale	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED TO DIVORCED DIVORCED		TE OF BIRTH Feb 1962	21.3	 AGE (In years lost birthday) yrs. 	Months 2	Pays 12	Hours	Min.
1	0o. USUAL OCCUPATION during most of work	ring life, even if retired	done 10b.	KIND OF BUSINESS OR INDI	USTRY	11. BIRTHPLACE (St Marylan		ountry)	12. CI	U.S.	WHAT	OUNTRY?
1	3. FATHER'S NAME Benjamin	Sanger			14.	Mother's Maide Mildred	(NMI) St	cone				
	5. WAS DECEASED EVE		service)	social SECURITY NO. 17.	BEN	WANT WAMIN	SANGET		STV	797	F14 1	AVE
		TH [Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE (/	ing for (o), (b), and (c).)	hear	+ diea	<i>-</i>			INT	ERVAL BE	TWEEN DEATH
	Conditions, if a gave rise to i couse (a), stating lying couse lost.	the <u>under</u>	(b)	Mongolisin							2 m	3
				CONTRIBUTING TO DEATH BU	T NOT	RELATED TO THE TE	ERMINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a)	PERFC	AUTOPSY ORMED?
	20a. ACCIDENT WA	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	1	SCRIBE HOW INJURY OCCURR	RED. (En	ter nature of injury	in Port 1 or Por	t II of item 1B.)				
	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Y	ear 20d. I While at wa	Not while f		OF INJURY (Home, street, affice bldg.,		or tawn)		(County)		(State)
		at (I) (this haspita	~ 21	ded the deceased fram				the couses ar			, ,	we) last abave.
	220. SIGNATURE	John A	y	None	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	1	3 Ap	22	SIGNED
	22c. PHYSICIAN'S NAME (Type)	John A. M	oore			22d. ADDRES\$57		Road	land			
	23a. BURIAL, CREMATIC	N. 23b. DATE THERE		23c. NAME OF CEMETERY	OR CRI			TION (City, town,	_		(Sto	te)
	24. FUNERAL DIRECTOR	'S SIGNATURE	Oten	ADDRESS Q 4217-9	1	2So. I	REC'D BY REGIS		STRAR'S			

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1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) a. COUNTY b. COUNTY Prince Georges County Maryland Prince Georges b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Suitland 50 Years Suitland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 4604 Davis YES NO 3. NAME OF 4. DATE DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR last birthdey) Months Male WIDOWED 26 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Laborer, (Ret.) Cemetery Springville, Virginia U.S.A. George Leonard Schlorb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT

(Yes, no, or unknown) (Ifyesgivewerordates of service)

16. SOCIAL SECURITY NO. 17. INFORMANT

17. INFORMANT Yes Suitland, Md. -22-9780 Viola Marie Schlorb, 18. CAUSE OF DEATH [Enter only one cause pe ONSET AND DEATH IMMEDIATE CAUSE (e) arterio Scleratez Caronay Vasculu Conditions, if any, which geve rise to immediate cause DUE TO cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH TO THE TERMINAL DISEASE CONDITION GIVEN IN NO I 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Month, Dev. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) (County) (Stete) fectory, street, office bldg., etc.) 764 ne 19 et work | et work | 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection death resulted from: Natural causes Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINER Paul Clan Hate ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER PAUL C. VAN NATTA, M.D. NAME (Type) Address (Street, city, town, or county) April 25. 220. BURIAL, CREMATION. 22b. DATE THEREOF REMOVAL (Spacify) W. W. CHAMBERS CO. . arthur & Kraus Riverdale, Md. DATE

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RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If institution: Residence before edmission) e. COUNTY Prince George s Maryland MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give naarest town) director. write RURAL and give nearest town) Cheverly East Riverdale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State Prince George's Gen. Hospital Quintana YES NO 3. NAME OF DECEASED 4. DATE OF (Type or print) RAYMOND DEATH 9. AGE (In years | IF UNDER 1 YEAR 19 with 1 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2 with 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) | Months 1, 2, and ge 5 mand 2 within Male DIVORCED July 5 within 24 hours and 18. Give Pages 1, 2, form PM3. Page 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Railroad Fireman Railroad Berryville Virginia IISA 13. FATHER'S NAME any Mervin Howard Shackleford Lula Mae Smallwood 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Baltimore, Md. with for (Yes, no, or unkown) | (If yes give war or dates of service) hould be executed w f" in pencil in Item 18 s Office along with a burial-transit permit Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end Christian Scholly 6006 BlackFires Cir oval ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Asphyxia DUE TO Drowning gave rise to immediata causa DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY pe ate, writing the word the Chief Medical E. Page 3 should be agent, prior to burial, PERFORMED? YES NO TO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) PRIMARY CONTRIBUTING CAUSE OF DEATH. In an automobile that ran off the bank of the river WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form , 20f. (City or town) Month, Day, Yaer fectory, street, office bldg., etc.) Not While ute the certificate, forwarded to the 19 62 et work at work River Queen Ann Bridge 21. I certify that I took charge of the remains described above, held an Autopsy Inspection T. Inquiry 🗙 and in my opinion death resulted from: Natural causes Accident :. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER te execute t should be for FUNERAL I ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 5 EXAMINER'S NAME (Typa) AMES I. Addrass (Straat, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) Burial (Spacify) 4/17/62 Green Hill Berryville, 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME F. Gasch's Sons 5M 1/62 Hyattsville, Md. DATE 1 8 '62 Circling S. Thous

AND STATE DEPARTMENT OF HEALTH

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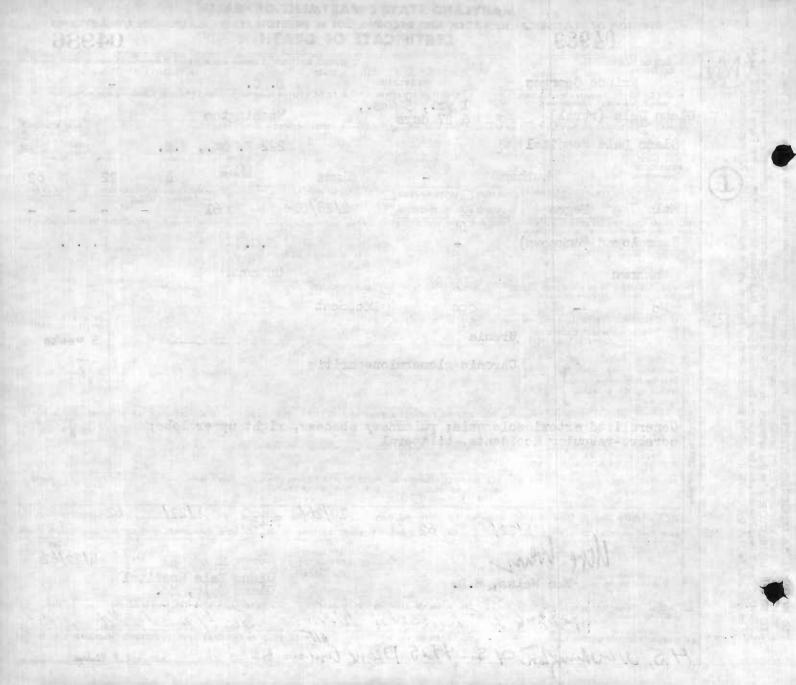
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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3.	NAME OF DECEASED	First		Middle		Last	4.	DATE OF DEATH	Mo	nth	Day	Yeer	
5.	(Type or print) SEX	Luth		HEVER MARRIED		IMMS			AGE (In year		R1YEAR	IF UNDER	62 24 HRS.
		Negro		DIVORCED	STRY 11.	2/28/01 BIRTHPLACE	(County & :		61 yrs.		000	F WHAT C	-
		orking life, even if retired ed (unknown)	-			MOTHER'S MA	S.C				U.	S.A.	
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		/ER IN U.S. ARMED FOR O				mmant dent			Addr	0\$\$			
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Uremia								onset and death weeks				
	Conditions, if eny, which geve rise to immediate couse (b) Chronic glomerulonephritis								?				
NO	(e), steting the underlying (c) (c) (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTO PERFORMENT (c)									AUTOPSY			
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	21. I certify that (I) (this hospital) attended the deceased from 10/26/ 7.1900, to 1/22/ 1900, that (I) (we) lass with deceased alive on 1902, and that death occurred at 1.2. M, from the causes and on the date stated above												
	220. SIGNATURE	Une her	2		M.D.	ATTENDING PHYS.	MED.	TOR 🖫	STAFF PHYS.		2	1/22/6	SIGNE
1	22c. PHYSICIAN'S NAME (Type	Moe Wei	Lss, M.D			22d. ADDRESS	Gle Gle		Dale Ho		1		1111-15-
23	REMOVAL (Specify	100, 236. DATE THER	10	NAME OF CEMETE	RY OR C	REMATORY	23	501	f/p	nown or co	Rd	1 pt	ilato)
24	FUNERAL DIRECTO	Shington	015	4925 D	0-	Cine DA	REC'D B	Y REGIS	TRAR 25b.	REGISTRAR			



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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be extended within 24 hours after		TO TOREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2_should	ire afte
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MARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Prince Georges D.C. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest lown) Glenn Dale (RURAL) Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO DE Glenn Dale Hospital Capito 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH 19 Slagle Apri. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months June 3, 1896 White Female WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retirad) Carolina, Virginia U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Dishman George O. Loving 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Decedent 18. CRUSE OF DEATH Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic Heart disease with decompensation DUE TO Conditions, if eny, which (b) gave rise to immadiata causa DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATION Chronic pyelonephritis: Generalized arteriosclerosis with PERFORMED? Chronic brain syndrome.

20s. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Port II of itam 18.)

OR CONTRIBUTING | CAUSE OF DEATH NO T (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 2Da. PLACE OF INJURY (Homa, farm, ; 20c. TIME OF INJURY Month, Day, Year 2Df. (City or town) (County) (Steta) Not While factory, street, office bldg., atc.) While at work | et work p.m. 21. I certify that (I) (this hospital) attended the deceased from July 19., 1962, that (I) (WS) last saw the deceased flive on April 19., 1962, and that death occurred at P.M., from the causes and on the date stated above. 22a. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Glenn Dale Hospital, Glenn Dale, Md. Moe Weiss 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23 NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **ADDRESS** typhe in DATE APR 3 0 '62 arthur S. Thous

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY b. COUNTY PRINCE GEORGES MARYLAND MARYLAND PRINCE GEORGES b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) ANDREWS AIR FORCE BASE UPPER MARLBORO d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ROUTE #4. BOX 1094 YES X KNO . US AIR FORCE HOSPITAL ANDREWS 3. NAME OF 4. DATE Middle Month Year DECEASED OF (Type or print) BRIAN DEATH THORNTON SMI TH 19 APRIL. 62 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. and last birthday) Months | Days Hours MALE CAUCASIAN WIDO WED DIVORCED [31 MARCH 1962 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) NONE NONE PRINCE GEORGES, MARYLAND UNITED STATES 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending | Then please DELBERT THORNTON SMITH CAROLYN ANN CRAIG 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or detas of service) NONE DELBERT T SMITH (FATHER) SAME AS ITEM #2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CEREBRAL EDEMA 48 HOURS IMMEDIATE CAUSE (e) DUE TO BRAIN DAMAGE Conditions, if eny, which 48 HOURS geve rise to immediate cause DUE TO (a), stating the underlying FRACTURED SKULL 48 HOURS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? CRANIOTABES NO -0 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Pert I or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) SKULL FRACTURE INCURRED DURING SPONTANEOUS DELIVERY MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While MARCH 31,062 at work at work USAF HOSPITAL ANDREWS AFB, PRINCE GEORGES, MD 21. I certify that K) (this hospital) attended the deceased from 31 MARCH 62 to 2 APRIL 1962, that (1) XXX last 19.62, and that death occured at 10.30P, from the causes and on the date stated above. 2 APRIL saw the deceased alive on. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED XX DIRECTOR 2 APRIL 1962 PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type JOHN A MOORE, Major USAF MC USAF HOSPITAL, ANDREWS AIR FORCE BASE, MD 23d. LOCATION (City, town or county) DATE THEREOF 23c. NAME OF CEMETERY OR (Stete) 23a. BURIAL, CREMATION, | 23b. REMOVAL (Specify) 25a. REED BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 1SM 7/61 Circhus S. Thous

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MARYLAND STATE DEPARTMENT OF HEALTH

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before edmission) a. COUNTY e. STATE b. COUNTY Prince George's MARYLAND District of Columbia or secret town b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Cheverly Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Holbrook George's General Hospital Prince DECEASED OF (Typa or print) Clarence William DEATH Southerd 9. AGE (In years | IF UNDER TYEAR 5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED B. DATE OF BIRTH last birthdey) Months Male WIDOWED [DIVORCED [5, August 1899 10a. USUAL OCCUPATION (Give kind of work hin 24 hours after Give Pages 1, 2, orm PM3. Page 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, evan if retired) Mechanic Burner Virginia File pages 13. FATHER'S NAME Columbus Benjamin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT form 00 (Yes, no, or unkown) | (Ifyasqive war or dates of service) no Anna Cecilia Southard, same mas #was 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute congestive heart failure Office DUE TO Conditions, if eny, which Coronary artery disease- severe gava rise to immediate cause (0) DUE TO (a), stating the undarlying pesn Cardiovascular renal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yaar 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 2Df. (City or town) (County) factory, streat, office bldg., etc.) Whila Not Whila Hour a.m. to the at work at work OR: 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection and in my opinion DIRECTC death resulted from: Natural causes Accident Suicide Homicide Undetermined manner forward CHIEF MEDICAL EXAMINER ACTUAL should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE ò EXAMINER'S April NAME (Typa) Ames I Address (Street, city, town, or county) ples 4 shour O FUN Health Boyd 22a, BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or couptry) REGISTRAR'S SIGNATURE VR A15ME DATE APR 5M 1/62 Cirimus & Track

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RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Resident 1. PLACE OF DEATH e. COUNTY b. COUNTY Prince George's MARYLAND Maryland Prince Georges b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) Laurel d STREET ADDRESS e. IS RESIDENCE ON A FARM? Stafe Prince George's General Hospital 606 Main Street YES NO 3. NAME OF DECEASED 4. DATE Month Yeer OF (Type or print) DEATH 19 62 Sproles with 72 h may b.
and 2 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE In yours | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Male Jan. 10, WIDOWED DIVORCED within 24 hours after 18. Give Pages 1, 2, at h form PM3. Page 5 mit. File pages 1 and 2 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working tifa, even if retired) Child Ohild Washington, U.S.A. 13. FATHER'S NAME Lewis Paul Sproles Thelma M. Dunsmore 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. Address 606 Main St. permit. (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) No Laurel, Md. None Mr. Lewis P. None Sproles. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), Office along burial-transit p INTERVAL BETWEEN remova ONSET AND DEATH PART I. DEATH WAS CAUSED BY. TRACRANIAL INJURY and FRACTURE PELVIS IMMEDIATE CAUSE (a) DUE TO ō Conditions, if any, which lon, (b) O gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION burial, Pe PERFORMED? NO F plnods 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert 1 or Part II of item 18.) PRIMARY OF CONTRIBUTING ō Struck by truck in street 3 MEDICAL Page 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Whila Not While at work at work x 500 Blk. Main St. Laurel OR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . should be forwarded to FUNERAL DIRECTO and in my opinion designated death resulted from: Natural causes Accident X. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER SIGNATURE SPORTE Van Mallo ASSISTANT MEDICAL EXAMINER DATE SIGNED its DEPUTY MEDICAL EXAMINER 20 EXAMINER'S C. VAN NATTA. NAME (Type) M. D. ple 4 should Health Address (Street, city, town, or county) 22c. NAME OF CEMETERY, OR CREMATORY 228. BURIAL, CREMATION. 226. DATE THEREOF 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) aron Missionar Burial Baptist Church Cimeter 23. FUNEBARD DIRECTO 24b. REGISTRAR'S SIGNATURE VR A15ME DATE APR 3 0 '62 arthur & Treat

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MARYLAND STATE DEPARTMENT OF HEALTH

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VR A15 (4) 15M 7/61

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within 24 hours after dex Page 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by, director, page 3 should be detached for use as the burial-transit permit. Then please remove Carbon papers. Pages 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any effect, within 72 hours after dept. The law requires that the death certificate be exe SPITAL OR ATTENDING PHYSICIAN: OI

> VR A15 (4) ISM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1997

CERTIFICATE OF DEATH

1. P									
	county Prince George		MARYLAND	e. STATE MA.	ry land		nstitution: Residen		
b	CITY OR TOWN (if outside corporate limits, write CIRA adjust ynoarest town)		c. LENGTH OF STAY IN 16	Seat Plea		orate limits, write	RURAL and give	neerest town)
	. NAME OF HOSPITAL OR INSTITUTION (H. Prince George Genera	not in hosp	spital give street eddress)	d. STREET ADDRESS 510 68tl		1		e. IS RES ON A YES	FARM?
1	NAME OF DECEASED Harold First		Middle E	Walker	4. DATE OF DEATH	Month Apr	10	Yeer 19	62
	Male 6. COLOR OR RACE 7	MARRIED		July 7,1900	9.	AGE (In yeers lest birthday) 61 yrs.	Months Deys	Hours	24 HRS. Min.
	USUAL OCCUPATION (Give kind of work eduring most of working life, even if retired) Woodworking		ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Coo Washing			12. CITIZEN C		DUNTRY
3.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
	Charles Edward Wall	ker		Mary Fr	ances D				
j.	WAS DECEASED EVER IN U.S. ARMED FORCE	ES? 16. S	SOCIAL SECURITY NO. 17.	INFORMANT	augos K	eed Address			
05	no, or unkown) (If yes give we ror dates of ser	vice)	Mr	s Pauline	Walker	-wife	510-68+	h are	
1	18. CAUSE OF DEATH [Enter only one caused BY:	ause per li	ne for (a), (b), end (c).]	held While	601	>	IN	TERVAL BATY	WEEN
	IMMEDIATE CAUSE (6)	~	1000001101	1 790	4 MOV			7	
				ALL YOU IS					
	Conditions, if eny, which (b)								
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	geve rise to immediate cause (e), stating the underlying		WALES IN						
	geve rise to immediate cause (e), stating the underlying cause lest.	ONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	UNAL DISEASE	CONDITION GIV	EN IN PART I(e)	19. WAS AL	UTÓPSY
Nolley	geve rise to immediate ceuse (e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITION	ons con	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	IINAL DISEASE	CONDITION GIV	EN IN PART 1(e)	19. WAS AL PERFOR	
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moy expined by the hospital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours offer death. ours after death. Page 21.AL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within

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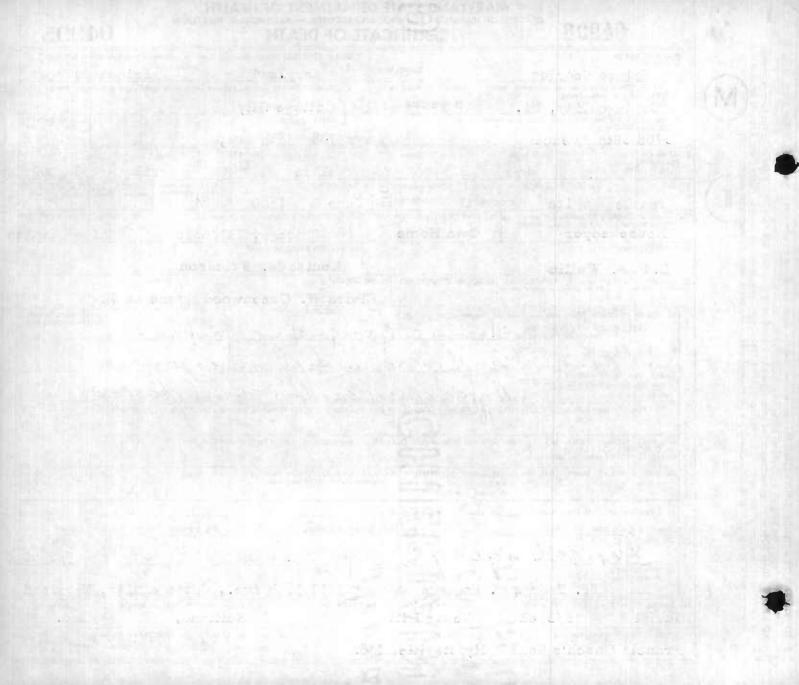
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04998

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

04995

Prince Georges	MARYLAND	o. STATE Maryland b. COUNTY	Prince Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cottage City, Md.	c. LENGTH OF STAY IN 16 6 years	c. CITY OR TOWN (If outside corporate limits, write RUF	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give strue or institution 3708 38th Avenue	eet address)	d. STREET ADDRESS 3708 38th Ave,	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Sue	Middle	Lost 4. DATE Month Wallin DEATH April	Day Year 11 30 1952
	ARRIED NEVER MARRIED 🖫	or pride or pikili	F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Od. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired) Housekeeper	Ob. KIND OF BUSINESS OR INDU Own Home	STRY 11. BIRTHPLACE (Stote or foreign country) Chicago, Illinois	12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME L. P. A. Wallin		Louisa M. Frickson	
5. WAS DECEASEDEVER IN U. S. ARMED FORCES? Yes, no, or unknown) (If yes, give war or dates of service)		NFORMANT Address Elvira W. Greenwood same	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the <u>under-</u> lying cause lost. PART II. OTHER SIGNIFICANT CONDITION	4	midial raise des madia roud de t not related to the terminal disease condition given	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year With Hour o. m.	i. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) ctory, street, office bldg., etc.)	(County) (State
21. I certify that (!) (this hospital) atte		death accurred atM, from the causes and M.D. PHYS. DX DIRECTOR STAFF PHYS. 22d. ADDRESS 3717 38th Ave. Cottage	
Burial (Specify) 23b. Date thereof 5/3/62	23c. NAME OF CEMETERY C		
Francis Gasch's Sons	ADDRESS Hyattsville, M	100	RAR'S SIGNATURE



	1	2		
OR ATTENDING PHYSICIAN: The law requires that the death certificate be execution 24 hours after		IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04996

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission a, STATE b. COUNTY
Prince Georges MARYLAND	Maryland Pr. Geo.
b. CITY OR TOWN (if outside corporefe limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
Parkland	21 Parkland
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE
35-Maryland Ave. S. E.	35Maryland Ave., S.E. ON A FARM?
DECEASED	Last 4. DATE Month Dey Year OF
	HITTENBURG DEATH April 17th 162
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	Apr. 21, 1882 79 o yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	the state of the s
Minister Retired	
	14. MOTHER'S MAIDEN NAME
Thomas A. Whittenburg	Mary E. Whitehurst
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give weren detes of service)	INFORMANT Address Powlel and
	Parkland arah M. Whittenburg -35 Marvland Ave Md.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	arah M. Whittenburg -35 Maryland Ave Md.
	ONSET AND DEATH
IMMEDIATE CAUSE (0) LECULE CORDI	very Ochisian Instrut
DUITTO	
Conditions, if only, which \ (b) Coronary a	temosclorosis unknown
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3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele)
at wast a	actory, street, office bldg., etc.)
	4130 01 1 12 0 10 10 12
21. I certify that (I) (this hospital) attended the deceased from	n. March 1, 1962 to apr 17, 19.62 that (1) (we) las
saw the deceased elive on Opposition 19. 5. and the	at death occured at
22e. SIGNATURE	22b. DATE
Faul Clan latte	M.D. ATTENDING MED. STAFF PHYS. April 17th 1962
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Dr. Paul C. Van Natta	5440Silver Hill Rd., Suitland Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
REMOVAL (Specify)	
Burial Apr. 20, 1962 Epipheny Ce	
24 GUNERAL DIRECTOR'S SIGNATURE 1661 GOOD HONE Pd	
Almmon /800 Washington 20 DC.	DATE THE 19 02 Contract . Publica
	25- BEC'D BY BEGISTRAD 25L DEGISTRAD'S SIGNATURE

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	M. C. L. C.	· Name of the state of the stat	The was in the

STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Prince George County MARYLAND Maryland Prince George b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest town) Cheverly D. O. A. Forestville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George Hospital 5419 Pine YES NO Y Street 3. NAME OF 4. DATE Month DECEASED OF (Type or print) DEATH Allen 9. AGE (În years | IF UNDER 1 YEAR 1962 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. lest birthday) Months Deys WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Bus Operator
13. FATHER'S NAME D.C. Transit Washington, D.C.
14. MOTHER'S MAIDEN NAME U.S.A. George A. Williams Mary Alice Spell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive werordetes of service) No 578-10-7358 Doris Williams - Same as 2d 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN Caronary artery Diceare PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (e) Suddin DUE TO gave rise to immediate cause DUE TO (a), stating the underlying nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+): 19. WAS AUTOPSY CERTIFICATION 8 PERFORMED? NO Z 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | 20 CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stele) fectory, street, office bldg., etc.) While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DATE SIGNED DEPUTY MEDICAL EXAMINER Paul C. VanNatta Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNA VR A15ME 5M 1/62

Prince George County to Maryland Prince Decree Chevenly D.S.A. Farestville Prince Order Bospital Established Piro Street Relate Little Alliant Control April 127, Local Male Male March 27,1712 FG Bus Opereror D.C. Trenert | Wenning ton, D.C. | Torongo and Beerge A. William Seat Min Agerse No an east - amilian Donie Williams - sees as 26. The same of the sa Cancer of Frederic Division - - - - - - - -Bon Paul C. Vanketta 2021 AND THE THE PARTY OF SATISFIED William of Sacrambly March 18 migratily MAX was for

FOR STATE HEALTH DEPT.

JULY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. It delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Defartment of Health or its designated agent, prior to burial, cremation, or removal, and intermedent within 72 hours after death.

VR A15ME 5M 1/62

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04998

1. PLACE OF DEATH	1	2 VICTIES PECIDENCE	work with the district corporate limits, write what and grant and	
COUNTY		e, STATE		mioni kemonice belote admission,
b. CITY OR TOWN (if outside corporate limits,	MARYLAND	Maryl	and Pa	cince George
b. CITY OR TOWN (if outside corporate limits, write RURAL and give naarest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWNWIT	ulside Corporate limits, write RUR	Arang Alas usagas sound
Cheverly d. NAME OF HOSPITAL OR INSTITUTION (IF not in	DOA	36 Lanham		
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS		
Prince George's Gen	eral Hospital	9120 Fo	wler Lane	
3. NAME OF First	Middle	Last		Dey Year
(Type or print) Walter	Lanier Wil	son Jr		3 19 62
5. SEX 6. COLOR OR RACE 7. MAR		DATE OF BIRTH	9. AGE (In years IF U	
Male White WIDO	WED DIVORCED .		942 20 yrs.	nths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stala or	foreign country)	2. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired) Barber	Barber	District	of Columbia	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Walter Lanier Wilson	Sr.	Helen Ma	rearet Curtin	1
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I			
Yes, no, or unkown) (Ifyas give war or datas of servica)	216-40-9534 W	alter Lanie	r Wilson Sr.	same as # 2
1B. CAUSE OF DEATH Enter only one cause p				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Hemorrhage an	d shock		ONSET AND DEATH
7311	monda Time Po cui.	a biioon		
DUE TO	Crushed skull			
Conditions, if eny, which (b)	organied synth			
(a), stating the underlying DUE TO				
cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN II	PART 1(a) 19. WAS AUTOPSY PERFORMED?
TY I				YES NO
	SCRIBE HOW INJURY OCCURED. (E	nter nature of injury in Part I	or Part II of itam 18.)	
20a. EXTERNAL CAUSE WAS 20b. DES				
PRIMARY Tor CONTRIBUTING CAUSE OF DEATH.			orrent	anad
Da	saanserrein.an	ceautamabile	2that overtur	ned (Stete)
Da	SARRETTOSAN		2012 (Chipor town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year P. 12:30xx 4/3/62	S. RONSEGRED 1008 11 (hile No! While factor work at work Ro	ceautamabile ory, street, office bldg., etc.)	Lanham P	(County) (Stete)
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DESPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be example within 24 hours after death carried may be retained by the hospital or attending physician.

ON MERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any every, within 72 hours after death.

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HO OH VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

b. CITY OR TOWN (if Subide corporate limits, wriwrite RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Prince Georges General Hospital 3. NAME OF DECEASED (Type or print) Harrison Wade Windsor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX Male White WIDOWED DIVORCED 3.2-2-99 C. CITY OR TOWN (it outside corporate limits, wriwrite, write RURAL and give nearest town) C. CITY OR TOWN (it outside corporate limits, wriwrite, wriwrite, wriwrite, wriwrite, wriwrite, wriwrite, wriwrite, wriwrite, wriwrite, write RURAL and give nearest town) Cheverly d. NAME OF D. Box 3703 Last 4. DATE OF DEATH Apri 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. DATE OF BIRTH 19. AGE (in year last birthday) 3. Yrs.	rince Georges Count; e RURAL end give neerest lown) o. IS RESIDENCE ON A FARM? YES NO
Prince Georges County b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Prince Georges General Hospital 3. NAME OF DECEASED (Type or print) Harrison Harrison Maryland c. CITY OR TOWN (It outside corporate limits, write address) Upper Martboro d. STREET ADDRESS R. F. D. Box 3703 Last 4. DATE OF DECEASED OF DECEASED (Type or print) Harrison Wade Windsor 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Male White WIDOWED DIVORCED 3-2-99 6. 3 yrs.	rince Georges Count
Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Prince Georges General Hospital 3. NAME OF DECEASED (Itype or print) Harrison Wade Windsor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Male White WIDOWED DIVORCED 3.22-99 Windsor 9. AGE (In year lest birthday) 7. AGE (In year lest birthday) Male White WIDOWED DIVORCED 3.22-99	e RURAL end give neerest lown) e. IS RESIDENCE ON A FARM? YES NO
Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Prince Georges General Hospital 3. NAME OF DECEASED (Itype or print) Harrison Wade Windsor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Male White WIDOWED DIVORCED 3.22-99 Windsor 9. AGE (In year lest birthday) 7. AGE (In year lest birthday) Male White WIDOWED DIVORCED 3.22-99	IS RESIDENCE ON A FARM? YES NO
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Prince Georges General Hospital 3. NAME OF DECEASED (Type or print) Harrison Wade Windsor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Male White WIDOWED DIVORCED 3-2-99 d. STREET ADDRESS R. F. D. Box 3703 Last OF DEATH OF DEATH Apriled Divorced 3-2-99 d. STREET ADDRESS R. F. D. Box 3703 B. DATE OF BIRTH 9. AGE (in year last birthday) 6. 3 yrs.	ON A FARM? YES NO
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Prince Georges General Hospital 3. NAME OF DECEASED (Type or print) Harrison Wade Windsor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Male White WIDOWED DIVORCED 3-2-99 d. STREET ADDRESS R. F. D. Box 3703 Last OF DEATH OF DEATH Aprile Street Address Divorced Street Address DEATH Aprile Street Address DEATH B. DATE OF BIRTH 9. AGE (in year last birthday) 6. 3 yrs.	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Harrison Wade Windsor OF DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	YES NO
3. NAME OF DECEASED (Type or print) Harrison Wade Windsor OF DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
DECEASED (Type or print) Harrison Wade Windsor DEATH April	h Day Teer
SEX 6. COLOR OR RACE 7. MARRIED DIEVER MARRIED B. DATE OF BIRTH 9. Age [In year best birthday] Male White WIDOWED 3-2-99 6 3 yrs.	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In year last birthday) Male White WIDOWED 3-2-99 6-3 yrs.	1 8. 19 62
Male White WIDOWED DIVORCED 3-2-99 63 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS.
7-2-11	Months Days Hours Min.
1 10s IISHAI OCCIDATION CO. II. 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or loreign country done during most of working life, even it retired)	12. CITIZEN OF WHAT COUNTRY?
FARMER FARMING MARYLAND	U.S.A.
13. FATHER'S NAME	
JOHN WINDSOR HENES WIND	SOR
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addres	s 41
NO 215-14-7127 Wilson Windsor, Upper	Mailboro, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	1 INTÉRVAL BETWEEN
DART + DEATH WAS CAUSED BY.	ONSET AND DEATH
IMMEDIATE CAUSE (*) 1. Pulmonary Edema	
DUE TO	al
Conditions, if any, which \ 2. Congestive Heart Failure	Chronic
geve rise to immediate cause	
(e), stelling the underlying	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GI	VEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GI 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH OF ITEMPER, NOTIFY MEDICAL EXAMINER!	YES NO
20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH	
	(0.1)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)	(County) (State)
p.m. 19 et work at work	
21. I certify that (I) (this hospital) attended the deceased from	8 . 19 62 that (I) (we) last
saw the deceased alive on	
220/ SIGNATURE	22b. DATE SIGNED
ATTENDING MED. STAFF	4/9/62
M.D. ATTENDING MED. STAFF PHYS. DIRECTOR DIRECTOR PHYS.	1.1
M.D. PHYS. DIRECTOR PHYS. C	
22c. PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR 22d. ADDRESS	Mcl.
22c. PHYSICIAN'S NAME (Type) M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS Upper Marls or o	Mcl.
22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City to	own or county) (Stete)
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22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City to REMATORY) 23d. LOCATION (City to REMATORY) 23d. LOCATION (City to REMATORY) 24 FUNDERAL DIRECTOR'S SIGNATURE 25b. REC'D BY REGISTRAR 25b. RI	RIBORO, MD.
22c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City to RECTOR) 24 FUNERAL DIRECTOR'S SIGNATURE 25b. REC'D BY REGISTRAR 25b. RI	RIBORO, MD.

COUNTY TO TOTAL OF THE PARTY OF SCIE THE ALEXANDER OF THE SECOND CONTROL OF To shall be accounted to the state of the st adia dia C T. Pulsan v. Market I. 2. Centrarying Heart Pallure (mert) Stead out Trium (frem) The state of the s

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY Page y is necessary, director. Page or your files. Prince George's Marvlahd Gerrges MARYLAND b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) for your Board of H write RURAL end give nearest town) Cheverly Washington 27. D.C. d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE ON A FARM? Prince George's General Hospital 7800 Largo Road YES NO NAME OF DATE Month Year DECEASED OF 3 to the with the (Type or print) Nellie DEATH Maria April 10 19 62 Windsor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX 9. AGE (In years | IF UNDER 1 YEAR 2 wifl last birthday) Months certificate should be executed within 24 hours after dead "pending" in pencil in Item 18. Give Pages 1, 2, and 3 Examiner's Office along with form PM3. Page 5 may eused as a burial-transit permit. File pages 1 and 2 wi alon, or removal, and in any gwent, within 72 hours, Female White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Maryland Retired Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nes Tucker (Last Name Unimpro-Georgeiana Thomas Henry Roberson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SO Route 3 Box 604E 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive wer or dates of service) Edgewater, Maryland Clarence Windsor none MEDICAL EXAMINER: This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebrovascular accident IMMEDIATE CAUSE (a) DUE TO Cardiovascular renal disease gava rise to immadiate cause DUE TO (e), stating the underlying cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? execute the certificate, writing the word 99 Medical Fracture of the right hip NO Y pluods 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of ilam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. on the bed room floor forwarded to the Chief

L DIRECTOR: Page 3
ated agent, prior to buri 20c. TIME OF INJURY 2 Marky Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
Home Not While While Md 62 of work Largo 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry X and in my opinion Natural causes Accident XX Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S JAMES L. BOYD, M.D. Address (Street, city, town, or county) NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) 22a. BURIAL, CREMATION, REMOYAL_(Specify) Ft. Lincoln Cemetery Maryland Bladensburg ₩40 P Burial Md. 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR **ADDRESS** Ritchie Bros.Fun'l Home-Upper Marlbore Chilley & Thank VS. AISME SM 9/60

ARYLAND STATE DEPARTMENT OF HEALTH

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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara decaesad lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. LITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) P write RURAL end give neerest town) = Wash.23.D d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give street address) IS RESIDENCE QN A FARM? NOL YES completely papers. NAME OF Middle Dey Month Yeer DECEASED OF (Type or print) DEATH 25 1962 and cor 5. SEX 6. COLOR OR RACE 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Devs Hours WIDOWED W DIVORCED physician USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retirad Rhibroad Engineer 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, (b) gave rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? NO . 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 19....., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from..... 19.6 and that death occurred a D.I.M, from the causes and on the date stated above. saw the ideceased alive on...... 22b. DATE 22e. SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) EMELER 0 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Onthur & Kinus 15M 9/60

RYLAND STATE DEPARTMENT OF HEALTH

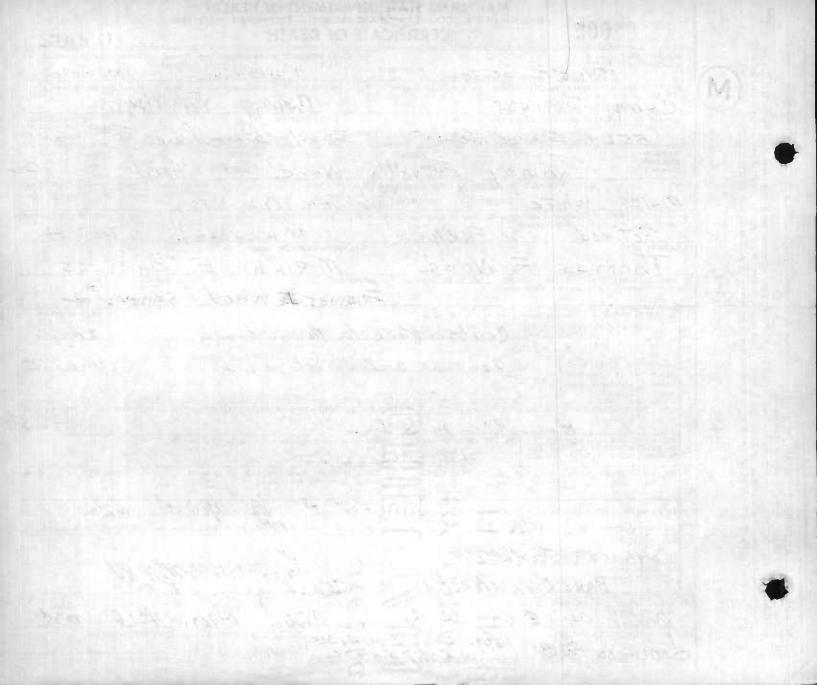
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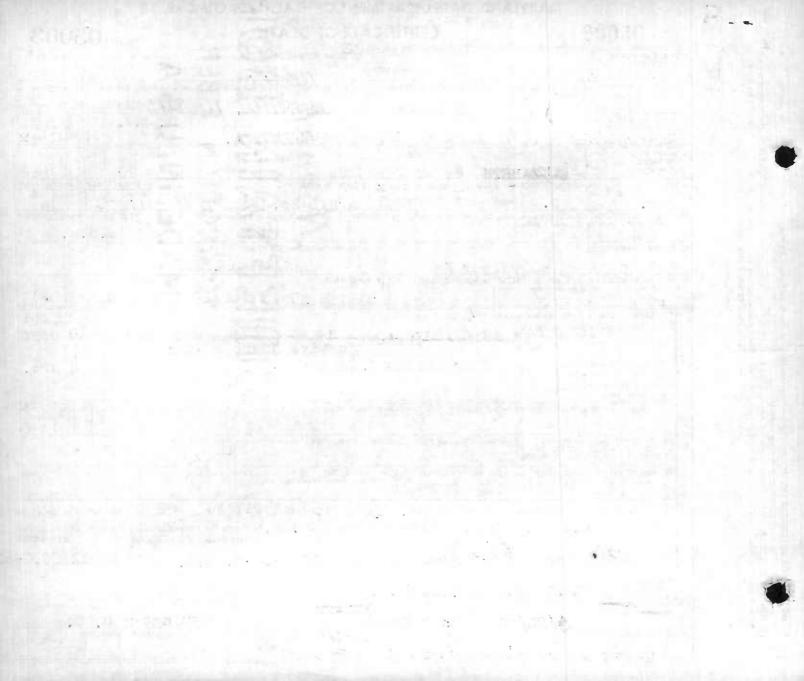
MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	1. P	COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE	
1		TRINCE GEORGE MARYLAND	MARYLAND PR Geo	
	Ь	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
		CAMO SPRINGS	19 CAMP SPRINGS	
,	C	S. NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDEN ON A FAR	CE M?
		5564-Branch Are SE	5564-Branch Ave JE YES NO	
	3. 1	NAME OF DECEASED First Middle	Last 4. DATE Month Day Yeor	
		Type or print) Romey FRANKlij	V WOOD DEATH APRIL 3 199	0 2
	5. S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 lost birthdoy) Months Doys Hours A	HRS.
	1	MA/e White WIDOWED DIVORCED	6-JAN. 1882 80 yrs.	in.
	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired)	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUN	ITRY?
		Retired FARMER	MARYLAND 4.5. A.	
	13. 1	FATHER'S MAME	14. MOTHER'S MAIDEN NAME	
		Thomas F. Wood	MIRIAH E. BURgess	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
		F	RANCES I WOOL - SAME-AS- 2	
		1B. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]	INTERVAL BETWE	
П		PART I. DEATH WAS CAUSED BY: JAMEDIATE CAUSE (0) Construit Vase	ules Thrombours 2 days	-
ь		3 2 X DUE TO		
		Conditions, if ony, which) (b) Versewal are	terio Selenasea Unificario	
		gove rise to immediate cause (o), stating the under-		
П		lying couse lost. (c)		
	ON ON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO	OPSY D?
)	CERTIFICATION	Diabetin mellet		D
	RTIF	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter noture of injury in Port I or Part II of item 1B.)	
	. 1		auser	
	MEDICAL		PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Sounty)	Stote)
	ME	Pour a. m. While Not while of work of work		
		21. 1 certify that (I) (this haspital) attended the deceased fram.	Feb 3 1962 to ager \$ 1962 that (1) (we)	last
			death accurred at 10PM, from the causes and an the date stated ab	
		22a. SIGNATURE	22b. DA	TE
		"Spaul & Van Hallo	M.D. PHYS. MED. STAFF PHYS. STAFF	SNED
		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS 5440 Silver Hill Kd	
		PAUL C VANNALTA	Washington 21 De	
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 3d. LOCATION (City, town, or caunty) (Stote)	
		Blerial april 6-62 St. Barne	bes Englery Oven Hell md	
	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS HON	Re Rd SE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
1	2	Semmons Brise Wach 2	DATERDE 6 162 Caller & Thates	



12		MARY	LAND STATE DEPAR	TMENT OF HEALT	H-BALTIN	18 AORE, 18	
4		05006	Item 9 Film G311 CERTIF	ICATE OF DEAT	. 1	Reg. D	in Q5003
M	1.	PLACE OF DEATH . COUNTY PRINCE GEORGE CO	UNTY MARYLA	o. STATE	Where deceased live	d. If institution: Reside b. COUNTY	nce before odmission)
4		b. CITY OR TOWN (If outside corporate limit RURAL and give nearest town)	ts, write c. LENGTH OF STAY IN	1 16 c. CITY ON TOWN (IF		limits, write RURAL ond	(SU
70		d. NAME OF HOSPITAL (If not in hospitol, s OR INSTITUTION CARROLL MANOR (LC)		d. STREET ADDRESS	2002 I	The state of the s	e. IS RESIDEN ON A FARI YES NO
		NAME OF Fit	st Middle	Last	4. DATE OF	Month	Day Year
		(Type or print) ELIZA SEX 6, COLOR OR RACE	The second secon	INGTON	DEATH	APRIL 20	19 6
	5.		7. MARRIED NEVER MARRIED			st birthdoy) Months	R 1 YEAR IF UNDER 24 Days Hours N
	100	. USUAL OCCUPATION (Give kind of work	WIDOWED DIVORCED	HILLI CO.	1865 96		126 I
		during most of working life, even if retired)		On at 1 th M	12.01	U.S.A.
	13.	NONE FATHER'S NAME		GEORGET 14. MOTHER'S MAIDEN			U.D.A.
T		CHARTER MORE	nun Mamam		CA BRIT	PON	
		CHARLES WORT	CES? 16. SOCIAL SECURITY NO.	INFORMANT	OR DILLI.	Address	
	{Ye	s, no, or unknown) (If yes, give wor or dates of s	ervice)	SISTER AGNE	S PATRI	CTA (CARR	OLLMANOR)
		18. CAUSE OF DEATH [Enter only one co	4 12	OWIG HEART D	ISEASE 1	WITH CON-	INTERVAL BETWEE
A		Conditions, if ony; which gove rise to immediate couse (o), stating the under-lying couse lost.	GENERALIZED	estive H ARTERIOSCLE		IIur.e	4 yrs
0	CATION	PART II. OTHER SIGNIFICANT CON	DITIONS <u>CONTRIBUTING</u> TO DEAT	H BUT NOT RELATED TO THE TERM	MINAL DISEASE CO	NDITION GIVEN IN PA	RT 1(0) 19. WAS AUTO PERFORMET YES NO
	CERTIFI	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCC	URRED. (Enter noture of injury in	n Port I or Port II o	f item 1B.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Ye Hour o. m. p. m.	Or 20d. INJURY OCCURRED 20 While Not while ot work 1	De. PLACE OF INJURY (Home, for foctory, street, office bldg., e	rm, 20f. (City or to	own)	(County) (S
1		21. I certify that I oftended the olive on April 20, ACTUAL SIGNATURE ROMAN SIGNATURE PHYSICIAN'S	deceosed from NOV. 1962, ond that defends	eoth occurred at_9_A	_M, from the	causes ond on th	
	220	NAME (Type) Thomas BURIAL, General (Specify) 22b. DATE THEREC		RY OR SAFAMATORY		(City, town, or county)	(Stote)
		4/23/		eek		shington	D. C.
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /7	5-6 8 al 240. REC	PR 2 3 '62	24b. REGISTRAR'S SI	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) a. COUNTY b. COUNTY by the and 2 death. PRINCE GEORGES MARYLAND MARYLAND PRINCE GEORGES b. CITY OR TOWN (it outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town). ·= - 6 DOA ANDREWS AIR FORCE BASE ANDREWS AIR FORCE BASE Pages ars afte d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS US AIR FORCE HOSPITAL CONCORD AVENUE letely 3. NAME OF Middle 4. DATE Month DECEASED OF comp ADOLPH (Type or print) ZAHARA DEATH APRIL and col 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) Months MALE CAUCASIAN 2 AUGUST 1923 WIDOWED T DIVORCED 38 physician 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) AIRMAN noun US AIR FORCE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending F Then please val, and in 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT or unkown) (Ifyesgive war or dates of service) remova andrews A. F. Base Kecord ng physician. 1943-1962 017-18-5555 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: FRACTURED SKULL AND INTRACRANIAL HEMORRHAGE burial-fransit i emation, DUE TO attending Conditions, if any, which gava rise to immediate cause DUE TO (a), stating the underlying causa last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) CERTIFICATION 98 use prior 20a. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) for OR CONTRIBUTING IN CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) of Health ALLEGEDLY INVOLVED IN ALTERCATION detached After é MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 1 20e, PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) Not While While 29 19 62 at work K TAVERN at work BALTIMORE BALTIMORE Dept. DIRECTOR 21. I certify that (I) XXXXXXXXX) attended the deceased from 29 APRIL 19 62 to 29 APRIL 19 62, that (I) (XXX) ast DOA 19 62, and that death occurred at 845%, from the causes and on the date stated above. saw the deceased alive on...... 22a SIGNATURE ATTENDING MED. STAFF 3 PHYS. DIRECTOR PHYS. ERAL M.D. PHYSICIAN'S 22d. ADDRESS NAME (Type) KENNETH A GRICG, Capt USAF MC USAF HOSPITAL, ANDREWS AIR FORCE BASE, MD filed ' 23a BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAE (Specify) P. di 0 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) Orthur S. Kraus 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM? YES NOXX

Year

19 62

Hours

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY

YES X

29 APRIL

(County)

PERFORMED?

NO

(State)

22b. DATE

12. CITIZEN OF WHAT COUNTRY?

UNITED STATES

IF UNDER 24 HRS.

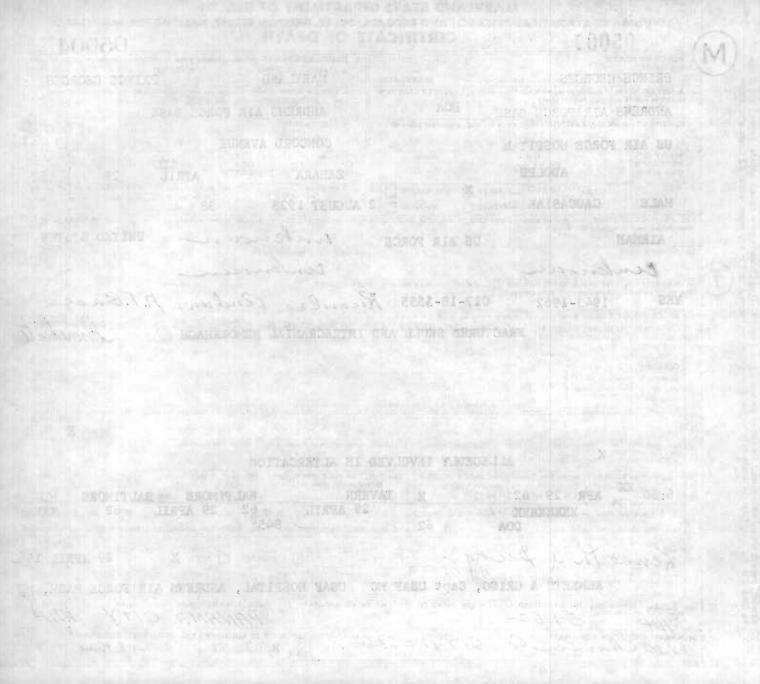
Min.

Day

29

Days

that the PHYSICIAN:



ARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased livad, If institution: Residence before ada. COUNTY Prince George's MARYLAND Prince Ge George! c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town write RURAL end giva nearest town) 66 East Riverdale Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince George's General Hospital 5509 59th Avenue YES NO 3. NAME OF 4. DATE DECEASED DEATH (Type or print) Joseph 1 gnatz Zmayuska Apri, 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Male WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work MEDICAL EXAMINER. This certificate should be executed within 24 hours afthe the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, forwarded to the Chief Medical Examiner's Office along with form PM3. Page 1 and 10.000 per 10 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, evan if retirad) Plant maintanance Lithuania U.S.A. Rigger

13. FATHER'S NAME Adam XX Zmyusk1

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. unterrous 17. INFORMANT Address (Yas, no, or unkown) | (If yes give war or dates of servica) Joseph Julius Zane, same as 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary infarct days Conditions, if any, which Phlebthrombitis (b) geva rise to Immediate causa DUE TO (e), stating the underlying days Fracture of right hip PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION burial, pe PERFORMED? General arteriosclerosis, congestive heart failure NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Part I or Pert II of item 18.) PRIMARY or CONTRIBUTING CAUSE OF DEATH. Chief of home
20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) Page 20c. TIME OF INJURY Month, Day, Year fectory, streat, office bldg., etc.) Home East Riverdale et work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . forwarded to the L DIRECTOR: and in my opinion death resulted from: Natural causes | Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 0 EXAMINER'S April James I. Address (Straat, city, town, or county) 4 should PUN Health 22c. NAME OF CEMETERY OR CREMATORY 22d. LQCATION (City, town, or country) (cerr VR A15ME 5M 1/62 DATE

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